2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90285 001 ****50.00

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1. Entity Name
CENTRO HOLDINGS, LLC

Principal Place of Business	Mailing Address
600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701	600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

03162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1079394

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VILLARI, MARCO
600 1ST AVE N. #302
ST. PETERSBURG, FL 33701

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	AZZOPARDI, JEFF
STREET ADDRESS	15 LAROSE AVENUE APT 112
CITY-ST-ZIP	TORONTO, ON 1A7
TITLE	MGRM
NAME	VILLARI, MARCO
STREET ADDRESS	600 1ST AVENUE N 302
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	MGRM
NAME	HASSELOFF, PETER
STREET ADDRESS	3137 TEAL TERRACE, STE A
CITY-ST-ZIP	SAFETY HARBOR, FL 33695
TITLE	MGRM
NAME	DONALD, AL
STREET ADDRESS	3127 50TH ST. N
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	MGRM
NAME	VILLARI, JOE
STREET ADDRESS	600 1ST AVE N SUITE 302
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #