

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90346 006 \*\*\*\*50.00

**DOCUMENT # L04000030268**

1. Entity Name  
**CENTRO HOLDINGS, LLC**



**60033945**



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

Mailing Address  
600 1ST AVE N SUITE 302  
ST. PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #  
**2253 Central Avenue**

3. Mailing Address  
**2253 Central Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-LLC CR2E083 (12/06)

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

4. FEI Number  
**20-1079394**

Applied For  
Not Applicable

Zip  
**33713**

Country

Zip  
**33713**

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
**Villari, Marco**

Street Address (P.O. Box Number is Not Acceptable)

**2253 Central Avenue**

City  
**St. Petersburg**

**FL**

Zip Code  
**33713**

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

*[Signature]*

**Marco Villari**

**4/4/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AZZOPARDI, JEFF  
15 LAROSE AVENUE APT 112  
TORONTO, ON 1A7 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VILLARI, MARCO  
600 1ST AVENUE N 302  
ST. PETERSBURG, FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Villari, Marco  
2253 Central Avenue  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HASELOFF, PETER  
3137 TEAL TERRACE, STE A  
SAFETY HARBOR, FL 33695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Haseloff, Peter  
2253 Central Avenue  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DONALD, AL  
3127 50TH ST. N  
ST. PETERSBURG, FL 33710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Donald, Al  
2253 Central Avenue  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VILLARI, JOE  
600 1ST AVE N SUITE 302  
ST. PETERSBURG, FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Villari, Joe  
2253 Central Avenue  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*

**Marco Villari**

**4/4/07**

**727-322-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #