

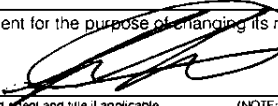
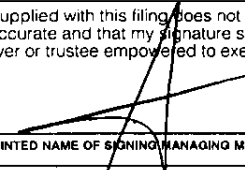


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90068 010 \*\*\*138.75

<b>DOCUMENT # L04000030268</b> 1. Entity Name <b>CENTRO HOLDINGS, LLC</b>					
Principal Place of Business <b>2253 CENTRAL AVE SAINT PETERSBURG, FL 33713</b>			Mailing Address <b>2253 CENTRAL AVE SAINT PETERSBURG, FL 33713</b>		
2. Principal Place of Business - No P.O. Box # <b>341 3rd Street S.</b>		3. Mailing Address <b>341 3rd Street S.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>			
Zip <b>33701</b>		Country <b>U.S.A.</b>		4. FEI Number <b>20-1079394</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>VILLARI, MARCO 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Marco Villari</b> Street Address (P.O. Box Number is Not Acceptable) <b>341 3rd Street S.</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>	
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  <b>Marco Villari</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/25/08</b>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZZOPARDI, JEFF 15 LAROSE AVENUE APT 112 TORONTO, ON 1A7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLARI, MARCO 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM marco Villari 341 3rd Street S. St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASELOFF, PETER 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD, AL 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Al Donald 341 3rd Street S. St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLARI, JOE 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joe Villari 341 3rd Street S. St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Joe Villari</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>1/25/08</b> Daytime Phone # <b>727-022-0030</b>	