


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003337 1. Entity Name CENTER PLACE, INC.	
---	---

Principal Place of Business 2110 NW 106 AVE PEMBROKE PINES, FL 33026	Mailing Address 2110 NW 106 AVE PEMBROKE PINES, FL 33026
--	--

DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1015422	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SWANSON, LILY 2110 NW 106 AVE PEMBROKE PINES, FL 33026	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000043086 02/10/04-80051-016 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, LILY 2110 N W 106 AVENUE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SWANSON, LORI 2110 N W 106 AVENUE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SWANSON, MARK 2110 N W 106 AVENUE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Mark Swanson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/8/04</u> <small>Date</small>	<u>954-885-4992</u> <small>Daytime Phone #</small>
--	--------------------------------------	---