


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90185 029 \*\*\*158.75

**DOCUMENT # P00000039333**

1. Entity Name  
**CENTAURO PUBLISHING, INC.**



Principal Place of Business <b>6355 NW 36 ST          304          MIAMI, FL 33166</b>	Mailing Address <b>6355 NW 36 ST          304          MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1018771</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROA, GUSTAVO N  
 6355 NW 36 ST  
 304  
 MIAMI, FL 33166**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROA, GUSTAVO N 6355 NW 36 ST MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARDENAS, IVONNE 6355 NW 36 ST SUITE 304 MIAMI, FL 33166</b>
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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 exemptions contained in Chapter 119, 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 607, 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:**  **Gustavo Nieto Roa**, April 24/06, 305-436-1159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #