~~2004~~ 5 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000053784

1. Entity Name
CENTELSA, INC.

Principal Place of Business	Mailing Address
169 EAST FLAGLER ST 1118 MIAMI, FL 33131	169 EAST FLAGLER ST 1118 MIAMI, FL 33131

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012224
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLINSKY, MICHAEL
169 EAST FLAGLER ST
1118
MIAMI, FL 33131

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	DICKMAN, K. MICHAEL
STREET ADDRESS	CALLE 10, #38-43 URB. IND, ACOPI
CITY-ST-ZIP	YUMBO, COLOMIBIA, S.A.,
TITLE	D/P
NAME	MUNOZ, C. ALFONSO
STREET ADDRESS	CALLE 10 #38-43 URB. IND, ACOPI
CITY-ST-ZIP	YUMBO, COLOMIBIA, S.A.,
TITLE	DVPT
NAME	GOMEZ, A. JAIRO
STREET ADDRESS	CALLE 10 #38-43 URB. IND, ACOPI
CITY-ST-ZIP	YUMBO, COLOMIBIA, S.A.,
TITLE	AS
NAME	FRANKEL, MELVIN F
STREET ADDRESS	1 SE 3RD AVE., STE 2130
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/04-80031-006 150.00

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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 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: MICHAEL DICKMAN 02/17/2004 786-200-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #