2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jan 17, 2006 8:00 am	
DOCUMENT # P00000053784 1. Entity Name CENTELSA, INC.				Secretary of State 01-17-2006 90233 012 ***150.00	
Principal Place of Business 169 EAST FLAGLER ST 1118 MIAMI, FL 33131		Mailing Address 169 EAST FLAGLER ST 1118 MIAMI, FL 33131		60001989	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number Applied For 65-1012224 Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Desired Desired Desired Status Desired Desired Status Desired Desired Status Desired Desired Desired Status Desired Desired Status Desired Desire	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
GLINSKY, MICHAEL 169 EAST FLAGLER ST		ŝ	Street Ac	Address (P.O. Box Number is Not Acceptable)	
1118 MIAMI, FL 33131					
			City FL Zip Code		
	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550. OFFICERS AND	9. Election Campa 00 Trust Fund Cor	aign Financing	Added to Fees Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS DICKMAN, K. MICHAEL CALLE 10, #38-43 URB. IND, AC YUMBO, COLOMBIA, S.A.,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DICKMAN, MICHAEL DICKMAN, MICHAEL Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MUNOZ, C. ALFONSO CALLE 10 #38-43 URB. IND, AC YUMBO, COLOMBIA, S.A.,	OPI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUMBO, COLOMBIA, S.A.,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GOMEZ, A. JAIRO CALLE 10 #38-43 URB. IND, AC YUMBO, COLOMBIA, S.A.,	OPI	title Name Street address City-St-Zip	DV PT Change Cha	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRANKEL, MELVIN F 1 SE 3RD AVE., STE 2130 MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗍 Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	
indicated of the cor	on this report or supplemental report poration or the receiver for trustee emp , or on an attachmpt with an address, TURE:	s true and accurate and that owered to execute this report	my signature shall hi t as required by Cha d.	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or directo hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 OI/I2/2006 305-349-1559 Date Daytime Proce	