

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90056 018 ***150.00

DOCUMENT # P00000053784

1. Entity Name
CENTELSA, INC.



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

Mailing Address
**169 EAST FLAGLER ST
1118
MIAMI, FL 33131**

40001652



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
169 EAST FLAGLER ST

Suite, Apt. #, etc.
1620

City & State
MIAMI, FL

Zip
33131

Country
US

3. Mailing Address

169 EAST FLAGLER ST

Suite, Apt. #, etc.
1620

City & State
MIAMI, FL

Zip
33131

Country
US

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**

7. Name and Address of New Registered Agent

Name
GLINSKY, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
169 EAST FLAGLER ST 1620
City
MIAMI FL Zip Code
33131

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DVPS DICKMAN, K. MICHAEL 169 E FLAGLER ST 1118 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MUNOZ, ALFONSO CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A.,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRANKEL, MELVIN F 1 SE 3RD AVE., STE 2130 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ROBLEDO, RAFAEL CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A.,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DICKMAN, K. MICHAEL 169 E FLAGLER ST 1620 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

Date

305-349-1579

Daytime Phone #