

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90294 001 \*6,000.00

**66414208**



<b>DOCUMENT # P00000114031</b>					
1. Entity Name <b>CENTAURO ADVERTISING, INC.</b>					
Principal Place of Business <b>7230 NORTHWEST 58TH STREET MIAMI, FL 33166</b>			Mailing Address <b>7230 NORTHWEST 58TH STREET MIAMI, FL 33166</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1062726</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent	
				Name <b>Laura Rodriguez</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>7230 N.W. 48 Street</b>	
				City <b>Miami</b>	Zip Code <b>FL 33166</b>
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: <u><i>Laura Rodriguez</i></u> <span style="float: right;">03/16/04</span>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!!</b> After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROA, GUSTAVO N	NAME			
STREET ADDRESS	5890 SW 132ND TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, LAURA	NAME			
STREET ADDRESS	7230 NW 58TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u><i>Laura Rodriguez</i></u>			Date: <u>03/16/04</u> Daytime Phone: <u>(305) 436 1159</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					