## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90076 047 \*\*\*150.00

DOCUMENT # P01000027981  1. Entity Name EL CENTAURO, INC.							90076 047 ***150	0.00	
Principal Place of Business		Mailing Address			23004	40062628			
6 SOUTH OAK ST		PO BOX 826			4000000				
FELLSMERE,		FELLSMERE, FL 32948							
					( 1887) 881 111 81	III E III III II BAITE BATTI BATTI			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Number 65-1107	913	<b>⊢</b> →-	pplied For at Applicable	
Zip	Country Zip		Country		5. Certificate of	Status Desired	□ \$8.75 Add Fee Require		
<del></del>	6. Name and Address of Current	Registered Agent	tered Agent			7. Name and Address of New Registered Agent			
Name									
	ERNARDINO	Steet Address (P.O. Box Number is Not Acceptable)							
956 RUTLAND ST OPA-LOCKA, FL 33054					59 5, 71NB				
				City FE	FELLSMERS FL 32948				
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									
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE	PTD	☐ Delete	THILE				Change	Addition	
NAME STREET ADDRESS	LEYVA, BERNARDINO 956 RUTLAND ST		NAM	ET ADDRESS	YVA BE. 59 SOU	RNARDI	vo .		
CITY-ST-ZIP	OPA-LOCKA, FL 33054			-ST-ZIP	KLIMER	B. FL.	32948		
TITLE	VSD	☐ Delete	TITLE	1		<del>, , _,</del>	Change	☐ Addition	
NAME	LEYVA, EZEQUIEL		NAM			SQUIEL			
STREET ADDRESS	956 RUTLAND ST			ET ADDRESS	YYA EZE	ITH PIN	E		
CITY-ST-ZIP	OPA-LOCKA, FL 33054		_		E KAS ME	KO, FL	32948		
TITLE	-	☐ Defele	TITLE NAMI				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				j	
TITLE			_				C Channe	- Addition	
NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			STRE	et address					
CITY-ST-ZIP			CITY	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition (	
NAME Street Address			NAM	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	emptions containe	d in Chapter 119, f	Florida Statutes, I f	further certify that the in	formation	
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									