2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000037347

1. Entity Name
TALISMAN CENTRAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8759 POMPANO BEACH, FL 33075	P.O. BOX 8759 POMPANO BEACH, FL 33075

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1107269	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CHOY, WONG
2086 NW 104 AVE
CORAL SPRINGS, FL 33071

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, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CHOY, WONG
STREET ADDRESS	2086 NW 104 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	
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06/02/08-80003-002 150.00

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: _____   CHOY, WONG   4/30/2008   (954) 752-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #