2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5

DOCUMENT #   P01000091110

1. Entity Name
CENTRUM INTERNATIONAL ASSET MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2061 RENAISSANCE BLVD. 103 MIRAMAR FL 33025	POST OFFICE BOX 171335 HIALEAH FL 33017

2. Principal Place of Business	3. Mailing Address
22605 SW 66TH AVENUE	POST OFFICE BOX 970806

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 212	c/o BALDWIN

City & State	City & State
BOCA RATON, FL.	BOCA RATON, FL.

Zip	Country	Zip	Country
33428	PALM BEACH	33497	PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 14-1858730 APPLIED FOR

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, AWILDA 2061 RENAISSANCE BLVD. 103 MIRAMAR FL 33025	Name W. LIAM BALDWIN Street Address (P.O. Box Number is Not Acceptable) 22605 SW 66TH AVENUE-SUITE 212 City BOCA RATON FL Zip Code 33428

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 _____ W. LIAM BALDWIN _____ APRIL 29, 2003

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	MANAGING DIRECTOR	☒ Change ☐ Addition
NAME	BALDWIN, W. LIAM		NAME	W. LIAM BALDWIN	
STREET ADDRESS	2061 RENAISSANCE BLVD 103		STREET ADDRESS	22605 SW 66TH AVENUE, BOCA RATON FL	
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: _____ W. LIAM BALDWIN   APRIL 29, 2003

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