

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000117476	
1. Entity Name CENTRACOOOL, INC.	

Principal Place of Business 8362 PINES BLVD #197 PEMBROKE PINES, FL 33024	Mailing Address 8362 PINES BLVD #197 PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

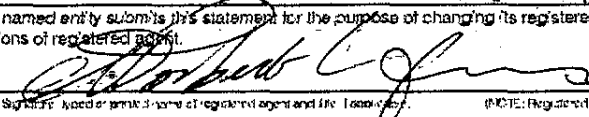
4. FCI Number 03-0488156	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JAMES. NORBERT L
8362 PINES BLVD
#197
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

7. 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:  DATE: **3/08/05**

(NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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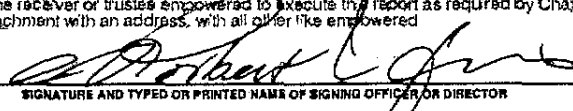
10. OFFICERS AND DIRECTORS

TITLE P	NAME JAMES. NORBERT L
STREET ADDRESS 3409 HIBISCUS PLACE	
CITY ST ZIP MIRAMAR, FL 33023	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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IN THIS SPACE**

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03/11/05-80037-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **03/08/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR