

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 21 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012365

1. Entity Name

CENTRAL CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1047 CORKWOOD DRIVE

3. Mailing Address
SAME

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO FL

City & State

4. FEI Number 02-0558038

Applied For
Not Applicable

Zip
32765

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RECARDO B. BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)

1047 CORKWOOD DRIVE

City OVIEDO

FL

Zip Code
32765

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RECARDO B. BENJAMIN, PD
1047 CORKWOOD DRIVE
OVIEDO, FL 32765

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RECARDO B. BENJAMIN

11/18/03

497 9775925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

November 17, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

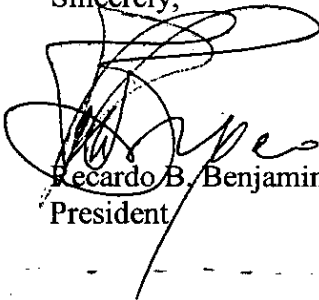
Dear Sir/Madam:

Re: **Name: CENTRAL CORPORATION**
 Document#: P02000012365

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of the report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,



Ricardo B. Benjamin
President