2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000061389

1. Entity Name

CENTROS ASISTENCIALES CORP.



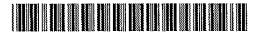
Principal Place of Business

Mailing Address

16300 NE 19 AVE STE 235 N MIAMI BCH, FL 33162

16300 NE 19 AVE STE 235 N MIAMI BCH, FL 33162

FILED Feb 03, 2004 08:00 AM Secretary of State



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0614312

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHVARZER, ALBERTO **16300 NE 19TH AVENUE** #235 NORTH MIAMI BEACH EL 33162

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

HOW, MINIMI BENON, 12 00102				
 The above named entity submits this statement for the parties of the obligations of registered agent. 	purpose of changing its registers	ed office or re	egistered agent, or bo	th, in the State of Florida, I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature requires)			required when reinstating)	DAYE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
18. OFFICERS AND DIRE	CTORS			Mark that the second of the se
ITTLE DP SCHVARZER, ALBERTO 16300 NE 19TH AVENUE, #235 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162			U00000033866 02/05/04-80061-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZP				02/03/04/00001/002/150.00
TITAL NAME STREET ADORESS CITY-ST-ZSF		DO NOT WRITE IN THIS SPACE		
STRLE NAME STREET ADDRESS CATY - ST - ZEP				
RITLE MAME STREET ADDRESS CITY - ST - ZEP			·	
TITLE NAME STREET ADDRESS CITY-ST:資				
12. I hereby certify that the information supplied with this filing does not quality 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 facturate 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 giner like empowered.				