

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000065017

1. Entity Name
THE CENTRAL PLACE, INC.



Principal Place of Business
167 NE 2ND AVE
DELRAY BEACH, FL 33444

Mailing Address
167 NE 2ND AVE
DELRAY BEACH, FL 33444

FILED

06 JUL 13 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05/09/06 90071 034 \$150.00
07102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
75-3068427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAS CHAGAS, MARLENA
167 NE 2ND AVE
DELRAY BEACH, FL 33444

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DAS CHAGAS, MARLENA
STREET ADDRESS	167 NE 2ND AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VS
NAME	DAS CHAGAS, ITAMAR
STREET ADDRESS	167 NE 2ND AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #