

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90082 048 ***150.00

DOCUMENT # P02000081428

1. Entity Name
KUMA CENTRAL, INC.



Principal Place of Business
**130 NE 40TH STREET, #6
MIAMI, FL 33137**

Mailing Address
**130 NE 40TH STREET, #6
MIAMI, FL 33137**

00031553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0417259

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

**MOLINA, ADRIANA
5640 COLLINS AVE #4B
MIAMI BEACH, FL 33140**

Name
MOLINA, ADRIANA

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

1500 CLEVELAND RD.

City

MIAMI BEACH

FL

Zip Code
33141

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SARMIENTO, MARIA
5640 COLLINS AVE #4B
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SARMIENTO, MARIA
1500 CLEVELAND RD.
MIAMI BEACH, FL 33141** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MOLINA TO, ADRIANA
5640 COLLINS AVE #4B
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MOLINA, ADRIANA
1500 CLEVELAND RD.
MIAMI BEACH, FL 33141** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA MOLINA, VICE PRES. 3/23/05

Date

Daytime Phone #