

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089322

Entity Name: CENTRAL TRANSFER, INC.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

901 S. STATE ROAD 7
SUITE 215
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133

New Mailing Address:

1000 BRICKELL AVENUE
SUITE 720
MIAMI, FL 33131

FEI Number: 65-0827358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICARDO BAJANDAS, P.A.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

RICARDO BAJANDAS, P.A.
1000 BRICKELL AVENUE
SUITE 720
MIAMI, FL 33131 US

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.

SIGNATURE: RICARDO BAJANDAS, P.A.

05/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABBE, HUBERT
Address: 901 S. STATE ROAD 7, , ST. 215
City-St-Zip: HOLLYWOOD, FL 33023

Title: AS () Delete
Name: BAJANDAS, RICARDO
Address: 2699 S. BAYSHORE DR., 7TH FL
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: BAJANDAS, RICARDO
Address: 1000 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERT LABBE

P

05/04/2005

Electronic Signature of Signing Officer or Director

Date