

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000089322

Entity Name: CENTRAL TRANSFER, INC.

**FILED**  
**Aug 29, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

4530 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

## **Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE 1020  
MIAMI, FL 33131

## **New Mailing Address:**

4530 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

FEI Number: 59-3363343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

RICARDO BAJANDAS, P.A.  
1000 BRICKELL AVENUE  
SUITE 1020  
MIAMI, FL 33131 US

## **Name and Address of New Registered Agent:**

LABBE, HUBERT  
4530 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 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: HUBET LABBE

08/29/2007

Electronic Signature of Registered Agent

Date

## **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 (X) Delete  
Name: BAJANDAS, RICARDO  
Address: 1000 BRICKELL AVENUE SUITE 1020  
City-St-Zip: MIAMI, FL 33131

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/S (X) Change ( ) Addition  
Name: LABBE, HUBERT  
Address: 4530 S ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

08/29/2007

Electronic Signature of Signing Officer or Director

Date