## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000083393

Entity Name: CENTER BUSINESS CORP.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

747 NW 208TH DRIVE 16284 NW 18 STREET

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

747 NW 208TH DRIVE 16284 NW 18 STREET

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

FEI Number: 42-1602418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIDIA, CABALLERO
747 NW 208 DR.

NIDIA, CABALLERO
16284 NW 18 STREET

HOLLYWOOD, FL 33029 US PEMBROKE PINES, FL 33028 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: NIDIA CABALLERO 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 LIZCANO, ANGELINO
 Name:
 LIZCANO, ANGELINO

 Address:
 747 NW 208TH DRIVE
 Address:
 16284 NW 18 STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 CABALLERO, NIDIA
 Name:
 CABALLERO, NIDIA

 Address:
 747 NW 208TH DRIVE
 Address:
 16284 NW 18 STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELINO LIZCANO P 04/25/2006