


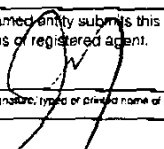
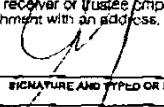
FROM :

FAX NO. :

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083393			
1. Entity Name CENTER BUSINESS CORP.			
Principal Place of Business 16284 NW 18 STREET PEMBROKE PINES, FL 33028		Mailing Address 16284 NW 18 STREET PEMBROKE PINES, FL 33028	
2. Principal Place of Business - No P.O. Box # 20810 NW 1 Street		3. Mailing Address 20810 NW 1 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029		Country USA	
4. FEI Number 42-1602418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIDIA CABALLERO 16284 NW 18 STREET PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  Nidia Caballero President 1-24-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS LIZCANO, ANGELINO 16284 NW 18 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CABALLERO, NIDIA 16284 NW 18 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Nidia Caballero Vice President		Date: 01-24-08 754 4221883	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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01222008 Chg-P CR2E034 (12/06)