

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 021 ***150.00

DOCUMENT # P03000114785

1. Entity Name

CENTOR, INC.



Principal Place of Business

3473 NW 122 AVENUE
SUNRISE FL 33323

Mailing Address

3473 NW 122 AVENUE
SUNRISE FL 33323

50050730



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3473 N.W. 122 Ave.
Suite, Apt. #, etc.

3. Mailing Address

3473 N.W. 122 Ave.
Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

86-1084502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33323

Country
Broward

Zip
33323

Country
Broward

6. Name and Address of Current Registered Agent

CONTI, SALVATORE
3473 NW 122 AVENUE
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

NA

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

City

NA

FL

Zip Code

NA

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONTI, SALVATORE	
STREET ADDRESS	3473 NW 122 AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONTI, GLORIA	
STREET ADDRESS	3473 NW 122 AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/05 954-478-3498

✓
Attachment
50050730
7030000114785

5-2-05

Reason for mailing in at this
time.

— Member of family in Intensive Care
in Hospital.

Was difficult keeping up with
business.

Sincerely

Salvatore Cont.
Sr
Centor Inc.