

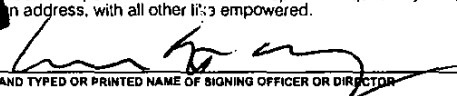


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000044137 1. Entity Name BUSINESS CENTERS, INC.						FILED 2006 AUG -8 AM 9:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 US				Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 16-1694385			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
Signature, typed or printed name of registered agent and title if applicable.				DATE			
Amended AR is \$61.25				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 CCEO BETANZOS, FERNANDO 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500078759615 08/16/06--01011--011 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HOLLY, WILLIAM 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131				TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT HOLLY, WILLIAM 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 to this report, with all other officers or directors.				TS 8/10/06			
SIGNATURE: 				Date Daytime Phone #			