FILED
Apr 22, 2005 8:00 am
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078371

1. Entity Name
CENTRAL POLISH CORP.

03222005 Chg-P CR2E034 (10/03)

TALLAHASSEE

40044427

Principal Place of Business	Mailing Address
7749 SW 88TH STREET #D-121 MIAMI, FL 33156	7749 SW 88TH STREET #D-121 MIAMI, FL 33156

2. Principal Place of Business	3. Mailing Address
	2115 CASSIA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc. N
City & State	City & State KISSIMMEE, FL
Zip / Country	Zip 34741 Country EE.U.U.

4. FEI Number 20-1149020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, EVELYN
7749 SW 88TH STREET #D-121
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name BUSTAMANTE, EVELYN
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____________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BUSTAMANTE, EVELYN 7749 SW 88TH STREET #D-121 MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600054205126 05/10/05--01041--012 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AJUVITA, ABEL 7749 SW 88TH STREET #D-121 MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] ×
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #