

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2005 90280 011 ***150.00

14017090



04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000132192 1. Entity Name CENTRALION DOMINICANA, CO.					
Principal Place of Business 12185 SW 132ND CT. MIAMI, FL 33186			Mailing Address 12185 SW 132ND CT. MIAMI, FL 33186		
2. Principal Place of Business 12317 SW 133RD COURT Suite, Apt. #, etc.		3. Mailing Address 12317 SW 133RD COURT Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-1649583	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAHDALA, SINECIO B 13830 SW 109TH ST. MIAMI, FL 33186			7. Name and Address of New Registered Agent Name JOSE DE JESUS FLORES Street Address (P.O. Box Number is Not Acceptable) 13830 SW 109 STREET City MIAMI FL Zip Code 33186		
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. <i>[Signature]</i> SIGNATURE JOSE DE JESUS FLORES - PRESIDENT DATE 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P FLORES, JOSE DE JESUS 12185 SW 132ND CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13830 SW 109 STREET MIAMI, FL. 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAHDALA, SINECIO B 13830 SW 109TH ST. MIAMI, FL 33186 <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 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. <i>[Signature]</i> SIGNATURE: SINECIO B. SAHDALA - VICE-PRESIDENT 4-29-05 305-238-0487 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					