
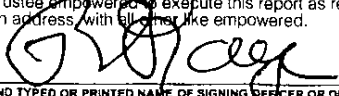


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90028 049 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P05000111047 1. Entity Name A TEAM CENTRAL INCORPORATED | | | |  | |
| Principal Place of Business 4040 NE 2ND AVE., STE. 409 MIAMI, FL 33137 | | | Mailing Address 4040 NE 2ND AVE., STE. 409 MIAMI, FL 33137 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent MARX, JAMES ESQ. 848 BRICKELL AVE., STE. 750 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PDT GAGE, RANDY 1800 SUNSET HARBOUR DR, # 912 MIAMI BEACH, FL 33139 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS WORER, ERIC 17527 BEARPATH TRL EDEN PRAIRIE, MN 55347 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 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:  | | | 2/7/07 (305) 573-2494 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

40012926



01192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3349514
Applied For
Not Applicable

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