


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90028 021 \*\*\*150.00

<b>DOCUMENT # P05000116297</b>	
1. Entity Name NUMERO UNO OF CENTRAL FLORIDA, INC.	

Principal Place of Business 311 NE 47TH COURT OCALA, FL 34470 US	Mailing Address 311 NE 47TH COURT OCALA, FL 34470 US
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2. Principal Place of Business - No P.O. Box # <u>1008 EAST SILVER SPRINGS BLVD</u> Suite, Apt. #, etc.	3. Mailing Address <u>1008 EAST SILVER SPRINGS BLVD</u> Suite, Apt. #, etc.
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City & State <u>OCALA, FLORIDA</u>	City & State <u>OCALA, FLORIDA</u>
Zip <u>34470</u>	Country <u>US</u>



02212007 Chg-P CR2E034 (12/06)

4. FEI Number <u>20-3340632</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STEIN, GLENN 311 NE 47TH COURT OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>1008 EAST SILVER SPRINGS BLVD</u> City <u>OCALA</u> FL Zip Code <u>34470</u>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, GLENN 311 NE 47TH COURT OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1008 EAST SILVER SPRINGS BLVD</u> <u>OCALA, FLORIDA 34470</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUZURIAGA, WEBSTER 1349 SE 18TH PLACE OCALA, FL 34471 <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	S STEIN, JULIANA 311 NE 47TH COURT OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1008 EAST SILVER SPRINGS BLVD</u> <u>OCALA, FLORIDA 34470</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUZURIAGA, FATIMA 1349 SE 18TH PLACE OCALA, FL 34471 <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 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:** \_\_\_\_\_ **(352)-624-2333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #