

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095517

FILED  
Jul 01, 2009  
Secretary of State

Entity Name: CENTAURI ENTERPRISES, INC.

## Current Principal Place of Business:

6659 MUCK POND ROAD  
SEFFNER, FL 33584 US

## New Principal Place of Business:

6515 MUCK POND ROAD  
SEFFNER, FL 33584 US

## Current Mailing Address:

6659 MUCK POND ROAD  
SEFFNER, FL 33584 US

## New Mailing Address:

P.O. BOX 8  
SEFFNER, FL 33583 US

FEI Number: 26-3586338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TANASE, LIVIU D  
Address: 6659 MUCK POND ROAD  
City-St-Zip: SEFFNER, FL 33584 US

Title: ST ( ) Delete  
Name: TANASE, GABRIELA  
Address: 11602 NORTH 51ST STREET  
City-St-Zip: TAMPA, FL 33617 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TANASE, LIVIU D  
Address: 6515 MUCK POND ROAD  
City-St-Zip: SEFFNER, FL 33584 US

Title: ST (X) Change ( ) Addition  
Name: TANASE, GABRIELA  
Address: 6515 MUCK POND ROAD  
City-St-Zip: SEFFNER, FL 33584 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALESSANDRA MASTRACCO

OM

07/01/2009

Electronic Signature of Signing Officer or Director

Date