


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 035 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P93000002711</b>                  |  |
| 1. Entity Name<br>CENTRUST MORTGAGE CORPORATION |   |

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| Principal Place of Business<br>1926 10TH AVE N<br>STE 400<br>LAKE WORTH, FL 33461 US | Mailing Address<br>1926 10TH AVE N<br>STE 400<br>LAKE WORTH, FL 33461 US |
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50005867



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| 2. Principal Place of Business<br>625 N. FLAGLER DRIVE<br>Suite, Apt. #, etc.<br>SUITE 625<br>City & State<br>WEST PALM BEACH, FL<br>Zip<br>33401<br>Country<br>US | 3. Mailing Address<br>625 N. FLAGLER DRIVE<br>Suite, Apt. #, etc.<br>SUITE 625<br>City & State<br>WEST PALM BEACH, FL<br>Zip<br>33401<br>Country<br>US |
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01072005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>95-2933075 | Applied For<br>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<br>BERNSTEIN, MICHAEL<br>1926 TENTH AVE. NORTH<br>STE. 400<br>LAKE WORTH, FL 33461 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>625 N. FLAGLER DRIVE<br>SUITE 625<br>City<br>WEST PALM BEACH FL Zip Code<br>33401 |
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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 Michael Bernstein MICHAEL BERNSTEIN 1/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BERNSTEIN, MICHAEL<br>625 N. FLAGLER DR., STE. 625<br>W. PALM BEACH, FL 33401 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br>SHAPIRO, STEPHEN J<br>625 N. FLAGLER DR., STE. 625<br>W. PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>SESCO, CAROLYN S<br>625 N. FLAGLER DR., STE. 625<br>W. PALM BEACH, FL 33401 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>HUNTER, MARGARET<br>625 N. FLAGLER DR., STE. 625<br>W. PALM BEACH, FL 33401 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: Michael Bernstein MICHAEL BERNSTEIN 1/18/05 (SW) 352-2290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #