

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000002711

1. Entity Name
CENTRUST MORTGAGE CORPORATION



Principal Place of Business
**625 NORTH FLAGLER DRIVE
STE 625
WEST PALM BEACH, FL 33401 US**

Mailing Address
**625 NORTH FLAGLER DRIVE
STE 625
WEST PALM BEACH, FL 33401 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2933075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, MICHAEL
625 NORTH FLAGLER DRIVE
STE. 625
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | DP |
| NAME | BERNSTEIN, MICHAEL |
| STREET ADDRESS | 625 N. FLAGLER DR., STE. 625 |
| CITY-ST-ZIP | W. PALM BEACH, FL 33401 |
| TITLE | DEVP |
| NAME | SHAPIRO, STEPHEN J |
| STREET ADDRESS | 625 N. FLAGLER DR., STE. 625 |
| CITY-ST-ZIP | W. PALM BEACH, FL 33401 |
| TITLE | TS |
| NAME | SESCO, CAROLYN S |
| STREET ADDRESS | 625 N. FLAGLER DR., STE. 625 |
| CITY-ST-ZIP | W. PALM BEACH, FL 33401 |
| TITLE | AS |
| NAME | HUNTER, MARGARET |
| STREET ADDRESS | 625 N. FLAGLER DR., STE. 625 |
| CITY-ST-ZIP | W. PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/08/06-80027-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael Bernstein **Michael Bernstein** 01/12/2006 (561)352-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #