

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022396

Entity Name: CU CENTER, INC.

FILED
Mar 25, 2004
Secretary of State

Current Principal Place of Business:

10445 SOUTHERN BLVD
ROYAL PALM BACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

10445 SOUTHERN BLVD
ROYAL PALM BACH, FL 33406

New Mailing Address:

FEI Number: 65-0557203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEESE, JOHN
3469 SUMMIT BOULEVARD
WEST PALM BEACH, FL 33406

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DEESE, JOHN
Address: 3469 SUMMIT BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: WELTE, MIKE
Address: 1055 SOUTH CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: DELANEY, ROBERT
Address: 2226 SOUTH CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: P () Delete
Name: DEROCHER, DONNA
Address: 10445 SOUTHERN BLVD
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: VP (X) Delete
Name: ALLISON, CLAUDIA
Address: 10445 SOUTHERN BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALLISON, CLAUDIA
Address: 10445 SOUTHERN BLVD
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIA ALLISON

P

03/25/2004

Electronic Signature of Signing Officer or Director

_____ Date