

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90234 045 ***150.00

DOCUMENT # P95000046630

1. Entity Name
CENTRAL CITY MANAGEMENT CORP.



Principal Place of Business

**2414 S.W. 8TH ST
MIAMI, FL 33135**

Mailing Address

**2414 S.W. 8TH ST
MIAMI, FL 33135**

94074656



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0632955

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ
2100 SALZEDO ST.
STE. 300
CORAL GABLES, FL 33134**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRANDE, CARLOS
STREET ADDRESS	1037 ALFONSO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	GRANDE, MANUEL
STREET ADDRESS	2720 SW 129TH AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	GRANDE, ANA LATOUR
STREET ADDRESS	1037 ALFONSO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	GRANDE, FRANK
STREET ADDRESS	2414 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-04 305-642-4621