2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046630

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33146

GRANDE, FRANK

MIAMI, FL 33135

2414 SW 8 ST

() Delete

FILED Apr 29, 2008 Secretary of State

Entity Name: CENTRAL CITY MANAGEMENT CORP. **Current Principal Place of Business: New Principal Place of Business:** 2414 S.W. 8TH STREET MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 2414 S.W. 8TH STREET MIAMI, FL 33135 FEI Number: 65-0632955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARAZOZA, COMAS, DE TORRES & FERNANDEZ 2100 SALZEDO ST. STE. 300 CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GRANDE, CARLOS GRANDE, CARLOS Name: Name: 1037 ALFONSO AVE 1133 ALFONSO AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 Title: VΡ Title: VΡ () Delete (X) Change () Addition GRANDE, MANUEL Name: GRANDE, MANUEL Name: 2720 SW 129TH AVE. 1037 ALFONSO AVE Address: Address: MIAMI, FL 33175 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: GRANDE, ANA LATOUR GRANDE, ANA LATOUR Name: Name: 1037 ALFONSO AVE 1133 ALFONSO AVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33146

() Change () Addition

SIGNATURE: CARLOS GRANDE **PRES** 04/29/2008