


FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90017 013 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000080267	
1. Entity Name COBRE CENTRAL CORP.	

Principal Place of Business 100 NO. HACKENSACK AVE. SOUTH KEARNY, NJ 07032	Mailing Address 100 NO. HACKENSACK AVE. SOUTH KEARNY, NJ 07032 US
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40042688



DO NOT WRITE IN THIS SPACE

02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0624873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EPSTEIN, ELAINE
~~9360 BALADA ST~~
~~CORAL GABLES, FL 33156~~
5894 NW 74TH TERACE
PARKLAND FL 33067

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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 Elaine Epstein DATE 3/4/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPLAN, JERRY 100 HACKENSACK AVENUE SOUTH KEARNY, NJ 07032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, ELAINE 9360 BALADA ST CORAL GABLES, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07 (973) 589-1525
Date Daytime Phone #