


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90025 006 \*\*\*150.00

<b>DOCUMENT # P97000008663</b>	
1. Entity Name <b>CENTRAL ONE, INC.</b>	

Principal Place of Business <b>6251-A PARK OF COMMERCE BLVD., N.W. BOCA RATON FL 33847</b>	Mailing Address <b>6551 PARK OF COMMERCE BLVD SUITE 150 BOCA RATON FL 33847</b>
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2. Principal Place of Business <b>701 Park of Commerce Blvd. NW Suite 200</b>	3. Mailing Address <b>701 Park of Commerce Blvd. NW Suite 200</b>
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City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33487</b>	Country <b>USA</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>NO-T APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KATZ, SHELDON 6251 A PARK OF COMMERCE BLVD NW BOCA RATON FL 33487</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>701 Park of Commerce Blvd. NW</b>
Suite 200	
City <b>Boca Raton</b>	FL Zip Code <b>33487</b>

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KATZ, SHELDON 6251-A PARK OF COMMERCE BLVD., N.W. BOCA RATON FL 33847</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCINTOSH, MIKE 6251-A PARK OF COMMERCE BLVD., N.W. BOCA RATON FL 33847</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENINO, MARK 6251-A PARK OF COMMERCE BLVD., N.W. BOCA RATON FL 33847</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T 701 Park of Commerce Blvd. NW, Suite 200 Boca Raton, FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V 701 Park of Commerce Blvd. NW, Suite 200 Boca Raton, FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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<b>SIGNATURE: By:</b> <i>Sheldon Katz, Pres.</i>	<b>1/29/04</b>	<b>561-998-1830</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Sheldon Katz, President</b>	Date	Daytime Phone #