


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90794 001 ***300.00

DOCUMENT # P97000050171

1. Entity Name
CENTRAL DOCUMENTATION, INC.



Principal Place of Business Mailing Address
12450 W. ATLANTIC BLVD. **12450 W. ATLANTIC BLVD.**
CORAL SPRINGS, FL 33071 **US** **CORAL SPRINGS, FL 33071** **US**

66415173



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For...
65-0834186 Not Applicable

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

6. Name and Address of Current Registered Agent

DEBRAGA, JOSE
12450 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
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, 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	D	<input type="checkbox"/> Delete
NAME	DEBRAGA, JOSE	
STREET ADDRESS	6363 TAFT ST. STE. 311	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, BRENDA	
STREET ADDRESS	6363 TAFT ST. STE. 311	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBLANC, TED	
STREET ADDRESS	6363 TAFT ST. STE. 311	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 West Atlantic Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 West Atlantic Blvd.	
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 West Atlantic Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:  **J.R. DE BRAGA** Date: **4/21/04** Daytime Phone #: **954 340-8886**