2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 26, 2005 8:00 am Secretary of State 01-26-2005 90032 031 ***150.00 DOCUMENT # P98000013910 CENTRAL REAL ESTATE INVESTMENT CORPORATION Mailing Address Principal Place of Business 224 THREE ISLAND BLV D #302 50007156 224 THREE ISLAND BLVD, #302 HALLANDALE FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0812496 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LFRED BERGHAUS, ALFRED Street Address ss (P.O. Box Number is Not Acceptable) 224 THREE ISLAND BLVD #302 HALLANDALE, FL 33009 SUITE 503 Zip Codo HALLANDALE B. 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change TITLE BERGHAUS, ALFRED NAME NAME 1000 NE 14th AVE, SUITE 503 244 THREE ISLAND BLVD 302 STREET ADDRESS STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MARSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition DILE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP

12. Thereby 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 ooth; 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 ethyline like empowered.

FILED