2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

DOCUMENT # P98000013910 1. Entity Name CENTRAL REAL ESTATE INVESTMENT CORPORATION					02-02-2006	90072 022 *	**150	0.00	
Principal Place of Business Mailing Address									
224 THREE ISLAND BLVD, #302 HALLANDALE, FL 33009		224 THREE ISLAND BLV D #302 HALLANDALE, FL 33009			,				
2. Principal Place of Business 1000 NE 14AVE. #503		3. Mailing Address 19AVE, #503							
HALLANDALE EL		Suite Apt. # etc. HALLANDALE. FL		01232006	Chg-P	CR2E034 (11	1/05)		
City & State		City & State		I	4. FEI Number Applied F				
7in	Country	Zip a a	Country	65-081	2496	<u> </u>		t Applicable	
3300	09 454	33009	U54	5. Certificate	of Status Desired		5 Addi equired		
	6. Name and Address of Current R	-	7. Name and Address of New Registered Agent						
BERGHAUS, ALFRED				Name					
1000 NE 14TH AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 503 HALLANDALE, FL 33009									
			City			FL Zi	p Code	,	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or bo	th. in the State of Fic		r with, r	and accept	
 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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				55.00 May Be added to Fees					
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
- TITLE	P	☐ Delete	TITLE			□ α	hange	Addition	
NAME STREET ADDRESS	BERGHAUS, ALFRED 1000 NE 14TH AVENUE STE 503	.	NAME STREET ADDRESS						
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			CI	hange	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				hange	☐ Addition	
NAME			NAME			•		<u> </u>	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		C Apleta	CITY-ST-ZIP			Пс		Addition	
TITLE NAME		☐ Delete	TITLE NAME			a	lanye	L. J AGUSTION	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE Name		Delete	TITLE NAME			c	nange	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			c	hange	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-7ID			STREET ADDRESS						

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 employered 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 partie like empowered.

SIGNATURE: