

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000016134

FILED
Apr 23, 2003
Secretary of State

Entity Name: CENTRES ACADIAN GP, INC.

Current Principal Place of Business:

C/O CENTRES INC.
9130 S DADELAND BLVD., #1528
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

C/O CENTRES INC.
9130 S. DADELAND BLVD., #1528
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 39-1922728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLTON, DAVID K.
TWO DATRAN CENTER #1528
9130 S DADELAND BLVD
MIAMI, FL 33156

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KARL, KENNETH B
Address: 9130 SOUTH DADELAND BLVD., SUITE 1528
City-St-Zip: MIAMI, FL 33156

Title: VAST () Delete
Name: CHARLTON, DAVID K
Address: 9130 S DADELAND BLVD., #1528
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID K. CHARLTON

VAST

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date