
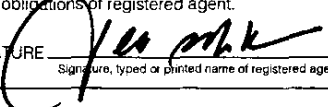
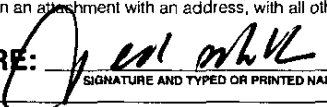


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 017 ***150.00

DOCUMENT # P99000058603 1. Entity Name CENTRAL FINANCIAL GROUP, INC.					
Principal Place of Business 16455 NE 6TH AVE N MIAMI BEACH, FL 33162			Mailing Address 16455 NE 6TH AVE N MIAMI BEACH, FL 33162		
2. Principal Place of Business 16455 NE 6TH AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State N. MIAMI BEACH, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0930554	
Zip 33162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JEFF 16455 NE 6TH AVE N MIAMI BEACH, FL 33162				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 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPO MILLER, JEFF 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA STEVENS 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF MILLER 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF MILLER 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF MILLER 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF MILLER 16455 NE 6TH AVE N MIAMI BEACH, FL 33162	<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.					
SIGNATURE:  JEFF MILLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/26/04 Daytime Phone # 305-945-8070		

44000004



04282004 Chg-P CR2E034 (10/03)