
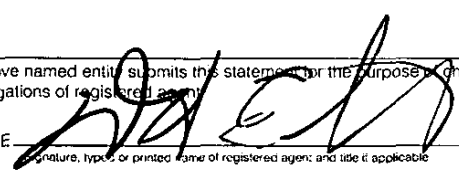
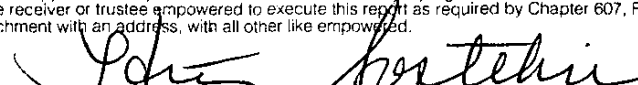


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 AM 10:08

DOCUMENT # P99000099728					
1. Entity Name FEDERAL CENTER, INC.					
Principal Place of Business 233-247 N MIAMI AVE MIAMI, FL 33128		Mailing Address 3191 CORAL WAY SUITE # 1008 MIAMI, FL 33143			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0967771	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOSTCHIN, GUILLERMO 3191 CORAL WAY # 1008 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: David Stone, Esq. Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way, #1008 City: Miami FL Zip Code: 33145		
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: 06/15/06	
Amended AR is \$61.25		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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOSTCHIN, GUILLERMO		NAME	David Stone, Esq.	
STREET ADDRESS	3191 CORAL WAY # 1008		STREET ADDRESS	3191 Coral Way, Suite 1008	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Henrietta Sostchin	
STREET ADDRESS			STREET ADDRESS	3191 Coral Way, #1008	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer & Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Henrietta Sostchin	
STREET ADDRESS			STREET ADDRESS	3191 Coral Way, Suite 1008	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 		HENRIETTA SOSTCHIN		Date: 6/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (305) 984 0402	