

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 040 ***150.00

DOCUMENT # S02381

1. Entity Name
LANDSTAR CENTERS, INC.



Principal Place of Business
**550 BILTMORE WAY
#1110
CORAL GABLES, FL 33134 US**

Mailing Address
**550 BILTMORE WAY
#1110
CORAL GABLES, FL 33134 US**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0316226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHTER, ROSA E
550 BILTMORE WAY
STE 1110
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ECKSTEIN, BERNARD
550 BILTMORE WAY #1110
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
STERN, RODOLFO
550 BILTMORE WAY #1110
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
STERN, EDUARDO
550 BILTMORE WAY #1110
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
SERVIANSKY, DAVID
550 BILTMORE WAY #1110
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
HOWITZ, ROBERTO
550 BILTMORE WAY #1110
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Stern

4/5/06

Date

(305) 461-2440

Daytime Phone #