2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # S63250** 04-03-2006 90407 032 ***150.00 1. Entity Name CENTAK ENTERPRISES, INC. Principal Place of Business Mailing Address 5516 N.W. 72ND AVE. 5516 N W 72ND AVE 50008443 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0274302 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Herrera, Jesus A. C/O Centak Ent., Inc HERRERA, JESUS A. Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVENUE **APT T-103** MIAMI, FL 33129 5516 NW 72nd Avenue Zip Code 33166 City FL Miami 8. The above named introduction that 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 SIGNATURE_X printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Thance ☐ Addition Delete Herrera, Jesus A. C/O Centak Ent. Inc. NAME HERRERA, JESUS A. NAME 1541 BRICKELL AVENUE, APT T-103 STREET ADDRESS STREET ADDRESS 5516 NW 72nd Avenue CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Miami, Fl. 33166 **PST** Change ☐ Addition TITLE Delete TITLE PST HERRERA, JESUS A. NAME NAME Herrera, Jesus A. C/O Centak Ent. Inc. 1541 BRICKELL AVENUE, APT T-103 STREET ADDRESS STREET ADDRESS 5516 NW 72nd Avenue CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Miami, F1. 33166 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliemental 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 receiverfor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

FILED