

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # S68532  
 1. Entity Name  
 CENTAUR REALTY ORGANIZATION, INC.



Principal Place of Business      Mailing Address  
 420 LINCOLN ROAD                      420 LINCOLN ROAD  
 SUITE 448                                      SUITE 448  
 MIAMI BCH., FL 33139    US              MIAMI BCH., FL 33139    US

**DO NOT WRITE IN THIS SPACE**



01292004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0288820                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BLOOMBERG, RONALD  
 420 LINCOLN ROAD SUITE 448  
 MIAMI BEACH, FL 33139

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000066579  
 02/26/04-80021-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLOOMBERG, RONALD
STREET ADDRESS	420 LINCOLN ROAD #448
CITY-ST-ZIP	MIAMI BCH., FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_\_\_\_\_      Date: 2/26/04      Daytime Phone #: 305-538-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR