

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060144

Entity Name: CENTRAL TECHNOLOGICAL CORPORATION**Current Principal Place of Business:**932 LARSON RD.
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**932 LARSON RD.
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 27-0571089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVO, EDUARDO
932 LARSON RD.
ALTAMONTE SPRINGS, FL 32714 US*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.***SIGNATURE:** EDUARDO DIVO

04/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	DIVO, EDUARDO
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SECR
Name	MOORE, KARLA
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREA
Name	BARRIENTO, CAROLINA
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIR.
Name	CEBALLOS, ANDRES
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIR.
Name	HUAYAMAVE, VICTOR
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIR.
Name	EAGLIN, RONALD
Address	932 LARSON RD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO DIVO

PRESIDENT

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date