

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 501144**

1. Entity Name  
**CENTENNIAL COSMETIC CORPORATION**



Principal Place of Business  
**14101 NW 4TH STREET  
SUNRISE, FL 33325 US**

Mailing Address  
**14101 NW 4TH STREET  
SUNRISE, FL 33325 US**



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1670557**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PSALTIOES, JASON  
14101 NW 4TH STREET  
SUNRISE, FL 33325**

**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 fee if applicable (NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**U00000373883  
07/21/05-80003-003 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VTs
NAME	LAHMANN, JESSIE
STREET ADDRESS	14101 NW 4TH STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	D
NAME	LAHMANN, JESSIE
STREET ADDRESS	14101 NW 4TH STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	D
NAME	FOUNDs, DAVID K
STREET ADDRESS	14101 NW 4TH STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

**7-18-05**

**954-945-9800**