

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2005 08:00 AM

	ANNUAL KE	PURI			C -	avetave of State
DOCU	MENT # 501144				>6	cretary of State
1. Entity Nan	ne <u> </u>					
CENTEN	INIAL COSMETIC CORPORATION		第一次	/		
			TO THE REAL PROPERTY.			
Principal Plac	ce of Business Mailin	g Address	All address of the same of			
14101 NW 4		1 NW 4TH STREET			·	
Sunrise, Fl	. 33325 US	RISE, FL 33325 US	Others of Many was an	1.		
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		The second secon				
DO NOT WRITE IN THIS SPACE				06292005	No Chg-P	CR2E034 (10/03)
				4. FEI Numbe		Applied For
				59-1670	1557	Not Applicable
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				The a make and the	Company of the Company	myself, person for a configuration of the property accounts to
DOM TIO	ES JASON		-		1/0°F 121	
PSALTIOES, JASON 14101 NW 4TH STREET				DO	NOT W	KIIE
SUNRISE, FL 33325				IN THIS SPACE		
				I FIX		
	e named entity submits this statement for the purp tions of registered agent.	ose of changing its registere	d office or registe	ered agent, or both	n, in the State of Flor	rida. I am familiar with, and accept
and doings				-		
SIGNATURE.	Signature, typed or printed name of registered again and title if app	icable (NOTE Registered	Agent signature reduire	id when reinstating)	THE ME LT AS A	DATE
				4.9	Hoono	0373883
	((0))	 Election Campaign Finan Trust Fund Contribution. 		.00 May Be	00000 07/21/05	-80003-003 550.00
Ω	ue by September 7, 2005	rust rand Continuation.	LJ AGO	ded to rees	21, 21, 00	00000 000 000 00
10.	OFFICERS AND DIRECTO	RS			CONTRACTOR OF THE STATE OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME	VTS LAHMANN, JESSIE					
STREET ADDRESS	14101 NW 4TH STREET		ļ			
CITY-ST-ZIP	SUNRISE, FL 33325		}			
TITLE	D	The state of the s		<u> </u>	<u> </u>	<u> </u>
NAME STREET ADDRESS	LAHMANN, JESSIE 14101 NW 4TH STREET	**	ſ			
CITY - ST - ZIP	SUNRISE, FL 33325		Ì			
TITLE	D]		***************************************	
NAME	FOUNDS, DAVID K	,	l			
STREET ADDRESS CITY-ST-ZIP	14101 NW 4TH STREET SUNRISE, FL 33325]	DO	NOT W	RITE
TITLE	GONINGE, FL 30020	A 10 1 10 10 10 10 10 10 10 10 10 10 10 1				
NAME				_IN I	THIS SP	ACE
STREET ADDRESS		!	•			
CITY-ST-ZIP		4.1.3.1.22.7.3.4.2.131	<u> </u>			
TITLE NAME						The same of the sa
STREET ADDRESS						}
CITY-ST-ZIP						,
TITLE						Company and the second
NAME						_ _
STREET ADDRESS CITY-ST-ZIP						}
	certify that the information supplied with this files.	does not quality for the aver	notion stated in ca	รี๊ดีใดก่ 1 to กากสงกั	Florida Statutae	further certify that the information
12. I hereby certify that the information supplied with this filling 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 composition or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my mane appears in Block 10 or Block 11 if						
changed	, or on an attachment with an address, with all oth	er like empowered.	or by quapter on		•	.,
CIGNIAT	TIPE.	•		フ-	-18-05	954-945-9500
SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Descriptor Proce of Director Director Descriptor Director Dir						