

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

DO NOT WRITE IN THIS SPACE

06292005 No Chg-P CR2E034 (10/03)
4. FEI Number Applied For
59-1670557 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered agent signature required when reinstating)

**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	FOUND, 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	

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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: _____ 7-19-05 954-945-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #