

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K84400

**Entity Name:** CENTENNIAL EXPRESS, INC.**Current Principal Place of Business:**2500 NW 39 ST  
MIAMI, FL 33142**Current Mailing Address:**2500 NW 39 ST  
MIAMI, FL 33142 US**FEI Number:** 65-0119458**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEDELE, JOHN  
2500 NW 39 ST  
MIAMI, FL 33142 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | FEDELE, PETER      |
| Address         | 5800 SUNCREST DR.  |
| City-State-Zip: | PINECREST FL 33156 |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | GERSHUNY, HOWARD         |
| Address         | 3412 MANHATTAN AVE       |
| City-State-Zip: | MANHATTAN BEACH CA 90266 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | FEDELE, JOHN         |
| Address         | 6300 SW 113TH STREET |
| City-State-Zip: | PINECREST FL 33156   |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | MAGUIRE, MARY F   |
| Address         | 901 AVON AVE      |
| City-State-Zip: | LAKELAND FL 33801 |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | FEDELE, KEN              |
| Address         | 1901 BRICKELL AVE B-1713 |
| City-State-Zip: | MIAMI FL 33129           |

*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: JOHN FEDELE****REGISTERED AGENT****01/13/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date