

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 023 ***150.00

DOCUMENT # F94000001441

1. Entity Name
CENTENNIAL, INC.



Principal Place of Business

% FERNANDO ORTIZ, C.P.A.
132 MINORCA AVENUE
CORAL GABLES, FL 33134

Mailing Address

% FERNANDO ORTIZ, C.P.A.
132 MINORCA AVENUE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0123096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GIL, GRIZEL
132 MINORCA AVENUE
CORAL GABLES, FL 33134

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARQUINEZ B., LORENZO
STREET ADDRESS	URBANIZACION SANTA ELENA, CASA NO. 88
CITY - ST - ZIP	PANAMA,
TITLE	SD
NAME	RIVERA, MIRIAM
STREET ADDRESS	CALLE 74 ESTE, CARRASQUILLA EDIFICIO CREBO
CITY - ST - ZIP	PANAMA,
TITLE	TD
NAME	DE ABRAHAMS, MARITZA
STREET ADDRESS	AVENIDA 5ST D SUR NO 381 URBANIZACION
CITY - ST - ZIP	CHANIS PANAMA,
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)(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 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 #

4/1/05