

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

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

01-18-2005 90028 036 ***150.00

DOCUMENT # K84400

1. Entity Name
CENTENNIAL EXPRESS, INC.



Principal Place of Business
**2500 NW 39 ST
MIAMI, FL 33142 US**

Mailing Address
**2500 NW 39 ST
MIAMI, FL 33142 US**

40001369



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0119458

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FEDELE, PETER
2500 NW 39 ST
MIAMI, FL 33142**

**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 _____

**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	D
NAME	FEDELE, PETER
STREET ADDRESS	5800 SUNCREST DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GERSHUNY, HOWARD
STREET ADDRESS	3412 MANHATTAN AVE
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	D
NAME	FEDELE, JOHN
STREET ADDRESS	5800 SUNCREST DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	MAGUIRE, MARY
STREET ADDRESS	3015 ENATHLA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	FEDELE, KEN
STREET ADDRESS	5800 SUNCREST DR
CITY-ST-ZIP	MIAMI FL 33156
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)(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 #

1/10/05