

2008 FOR PROFIT CORPORATION ANNUAL REPORT


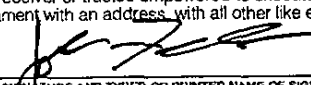
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Mar 06, 2008 8:00 am
Secretary of State

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01032008 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0119458	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEDELE, PETER 2500 NW 39 ST MIAMI, FL 33142			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDELE, PETER		NAME		
STREET ADDRESS	5800 SUNCREST DR.		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERSHUNY, HOWARD		NAME		
STREET ADDRESS	3412 MANHATTAN AVE		STREET ADDRESS		
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDELE, JOHN		NAME		
STREET ADDRESS	1420 BRICKELL BAY DR APT. 1408		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGUIRE, MARY		NAME	MAGUIRE, MARY F.	
STREET ADDRESS	3015 ENATHLA ST		STREET ADDRESS	838 OSCOLA ST	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	WAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDELE, KEN		NAME	FEDELE, KEN	
STREET ADDRESS	5800 SUNCREST DR		STREET ADDRESS	1901 BRICKELL AVE B-1713	
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		JOHN FEDELE 3/01/08 305.6333336			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			