

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84400

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: CENTENNIAL EXPRESS, INC.

## Current Principal Place of Business:

2500 NW 39 ST  
MIAMI, FL 33142 US

## New Principal Place of Business:

## Current Mailing Address:

2500 NW 39 ST  
MIAMI, FL 33142 US

## New Mailing Address:

FEI Number: 65-0119458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New 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: JOHN FEDELE

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FEDELE, PETER  
Address: 5800 SUNCREST DR.  
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete  
Name: GERSHUNY, HOWARD  
Address: 3412 MANHATTAN AVE  
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: D ( ) Delete  
Name: FEDELE, JOHN  
Address: 1420 BRICKELL BAY DR APT. 1408  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: MAGUIRE, MARY F  
Address: 828 OSCEOLA ST  
City-St-Zip: LAKE LAND, FL 33801

Title: D ( ) Delete  
Name: FEDELE, KEN  
Address: 1901 BUCKVIEW AVE B-1713  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FEDELE, KEN  
Address: 1901 BRICKELL AVE B-1713  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN FEDELE

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date