


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 001 ***158.75

DOCUMENT # M87564 1. Entity Name CENTENNIAL PROPERTIES CORPORATION			
Principal Place of Business 5530 NW 44TH STREET #405 LAUDERHILL, FL 33319 US		Mailing Address 5530 NW 44TH STREET #405 LAUDERHILL, FL 33319 US	
2. Principal Place of Business 2800 Island Blvd Suite, Apt. #, etc. 503 City & State Aventura FL Zip 33160 Country USA		3. Mailing Address 2800 Island Blvd Suite, Apt. #, etc. 503 City & State Aventura FL Zip 33160 Country USA	
4. FEI Number 65-0057997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LYNN, MARK J 2101 W COMMERCIAL BLVD #4100 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name LYNN, MARK J Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd #2800 Fort Lauderdale, FL 33309 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 MARK LYNN (NOTE: Registered Agent signature required when reinstating) DATE January 10, 2006			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P NAME BARR, ARTHUR STREET ADDRESS 3700 ISLAND BLVD C-107 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE P NAME BARR, ARTHUR STREET ADDRESS 2800 Island Blvd #503 CITY-ST-ZIP Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BARR, FLORENCE STREET ADDRESS 3700 ISLAND BLVD C-107 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE VP NAME BARR, FLORENCE STREET ADDRESS 2800 Island Blvd #503 CITY-ST-ZIP Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME LYNN, MARK J STREET ADDRESS 2800 ISLAND BLVD 503 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE S NAME LYNN, MARK J. STREET ADDRESS 2101 W. Commercial Blvd #2800 CITY-ST-ZIP Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LYNN, MARK STREET ADDRESS 2800 ISLAND BLVD 503 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE T NAME LYNN, MARK STREET ADDRESS 2101 W. Commercial Blvd #2800 CITY-ST-ZIP Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-10-06 Daytime Phone #	