


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 049 ***158.75


DOCUMENT # P98000049020	
1. Entity Name CENTRE CITY PROPERTIES INC.	

Principal Place of Business 5600 HAMMOCK DRIVE CORAL GABLES, FL 33156	Mailing Address 5600 HAMMOCK DRIVE CORAL GABLES, FL 33156
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2. Principal Place of Business 60 EDGEWATER DR Suite, Apt., etc. 17-E	3. Mailing Address 60 EDGEWATER DR Suite, Apt., etc. 17-E
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City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33133	Country US

40000002



01042006 Chg-P CRZE034(11/05)

4. FEI Number 65-0841148		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MEYERS, MICHAEL 5600 HAMMOCK DR. CORAL GABLES, FL 33156		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 60 EDGEWATER DR City 17-E City CORAL GABLES FL Zip Code 33133		

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 *Michael Meyers* (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE **1/7/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, MICHAEL A 5600 HAMMOCK DR. 60 EDGEWATER DR, 17E CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **1/7/06** **305 608 1229**
Signature, typed or printed name of signing officer or director. Date Daytime Phone #