

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90045 044 ***150.00

DOCUMENT # P98000049020

1. Entity Name
CENTRE CITY PROPERTIES INC.



Principal Place of Business
60 EDGEWATER DR
17-E
CORAL GABLES, FL 33133

Mailing Address
60 EDGEWATER DR
17-E
CORAL GABLES, FL 33133

400000000

2. Principal Place of Business - No P.O. Box #
60 EDGEWATER DRIVE
Suite, Apt. #, etc. PH-1E

3. Mailing Address
60 EDGEWATER DRIVE
Suite, Apt. #, etc. PH-1E

City & State
CORAL GABLES FL
Zip 33133 Country

City & State
CORAL GABLES FL
Zip 33133 Country



01032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0841148
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEYERS, MICHAEL
60 EDGEWATER DR
17-E
CORAL GABLES, FL 33133

7. Name and Address of New Registered Agent

Name MEYERS, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
60 EDGEWATER DRIVE
PH-1E
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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MEYERS, MICHAEL A	60 EDGEWATER DR #17E PH-1E	CORAL GABLES, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

305-608-1229

Daytime Phone #