

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S59263

1. Entity Name
CENTENNIAL INTERIORS CORP.



Principal Place of Business

**2500 NW 39ST
SUITE 600
MIAMI, FL 33142 US**

Mailing Address

**2500 NW 39ST
SUITE 600
MIAMI, FL 33142 US**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0269099** Applied For ☐ Not Applicable ☐

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

5. Name and Address of Current Registered Agent

**MAGUIRE, MARY
2500 NW 39 ST
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D FEDELE, PETER 5800 SUNCREST DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAGUIRE, MARY 3015 EMATHLA ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERSHUNY, HOWARD 1313 NW 36TH ST SUITE 600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEDELE, JOHN 5800 SUNCREST DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/04-80076-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

MARY F. MAGUIRE

Date

Daytime Phone #

1/22/04 305.633-3336