


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | | |
|--|------------------------------------|--|---|
| DOCUMENT # 208235 | |  | |
| 1. Entity Name CENTURY CREDIT CORPORATION | | | |
| Principal Place of Business 5944 S.W. 73RD STREET SOUTH MIAMI 43 FL 33143 | | Mailing Address 5944 S.W. 73RD STREET SOUTH MIAMI 43 FL 33143 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BROWN, FREDERICK K 5940 SW 73RD ST S MIAMI FL 33143 | | 4. FEI Number 59-0874165 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | 1st MOORE CR2E034 (10/05) | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature is required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, FREDERICK K., JR | NAME | |
| STREET ADDRESS | 5944 SW 73RD ST. | STREET ADDRESS | 000000416288 |
| CITY-ST-ZIP | S MIAMI FL | CITY-ST-ZIP | 02/13/06-80010-012 150.00 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, LYNN M | NAME | |
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| CITY-ST-ZIP | S MIAMI FL | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **1/31/06** **305-665-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #