

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90021 020 ***150.00

DOCUMENT # P06000100496	
1. Entity Name CENTURY FENCES SERVICE INC	

Principal Place of Business 1035 NW 124 TERRACE SUNRISE FL 33323	Mailing Address 1035 NW 124 TERRACE SUNRISE FL 33323
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

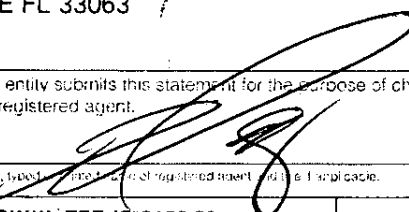
1st MOORE CR2E034 (10/07)

4. FEI Number 20-5256100	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HISPANUSA INC 1919 NORT STATE ROAD 7 SUITE 201 C MARGATE FL 33063	
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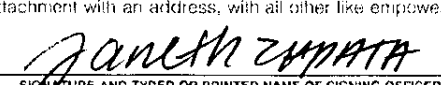
7. Name and Address of New Registered Agent Name AR ACCOUNTING & TAX SERVICES Street Address (P.O. Box Number is Not Acceptable) 6191 W. ATLANTIC BLVD SUITE 6 City MARGATE FL Zip Code 33063	
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8. The above named entity submits this statement for the 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 2/11/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, HAROLD W 1035 NW 124 TERRACE SUNRISE FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAPATA, JANETH 1035 NW 124 TERRACE SUNRISE FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: 	DATE 2-11-08	DAYTIME PHONE (954)6961237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		