


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000059829

1. Entity Name
CENTURY INTERNATIONAL ARMS CORPORATION



Principal Place of Business 1161 HOLLAND DR BOCA RATON, FL 33487 US	Mailing Address 1161 HOLLAND DR BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0433367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHER, MICHAEL
 1161 HOLLAND DR
 BOCA RATON, FL 33487

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000018962
 01/29/04-80005-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SUCHER, MICHAEL 1161 HOLLAND DRIVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SUCHER, BRIAN 1161 HOLLAND DR BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUCHER, PHYLLIS 10200 E. BROADVIEW DR. BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUCHER, ANNA 1161 HOLLAND DRIVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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]* *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # *(561) 998-3200*