


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 832858
 1. Entity Name
CENTURY FASTENERS CORP



Principal Place of Business Mailing Address
50-20 IRELAND ST. **50-20 IRELAND ST.**
ELMHURST, NY 11373 **ELMHURST, NY 11373**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
11-1781097 Not Applicable

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

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEO SCHLEGEL, JACK 5801 BRIDLEWAY CIRCLE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STIEGLITZ, GEORGE 11562 LOSANO DR BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIEGLITZ, EVAN 2 WOODACRES RD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BRODSKY, THOMAS 3182 DENTON DR. MERRICK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/05-80063-007 150.00

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: _____ **4/14/05** **78 446-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #