2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43018

City-St-Zip:

MIAMI, FL 33155

FILED Jan 20, 2004 Secretary of State

				,	
Entity Nar	me: CENTURY	FLOORS, INC.			
Current Principal Place of Business:			New Principal Place	of Rusiness	
Ourrener interpart face of Business.			New I Interput I face	or Business.	
7450 S.W. MIAMI, FL	42ND STREET 33155 US	-			
Current Mailing Address:			New Mailing Address:		
P.O. BOX: MIAMI, FL	52-6165 331526165 US	6			
FEI Number:	: 59-2301728	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
CASTELLA 2985 SW 1 MIAMI, FL		00			
	named entity s of Florida.	ubmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	⊋F.				
01011/1101		c Signature of Registered Age	nt .	Date	
	Liectioni	c Signature of Registered Age		Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD ()	Delete	Title:	() Change () Addition	
Name:	CASTELLANOS,	OSVALDO,	Name:		
Address:	7450 S.W. 42ND	ST.	Address:		
City-St-Zip:	MIAMI, FL 3315	5	City-St-Zip:		
Title:	VSD ()	Delete	Title:	() Change () Addition	
Name:	CASTELLANOS,		Name:		
Address:	7450 S.W. 42ND		Address:		
City-St-Zip:	MIAMI, FL 3315		City-St-Zip:		
Title:	VD ()	Delete	Title:	() Change () Addition	
Name:	GONZALEZ, RO		Name:	() 3 - ()	
Address:	7450 S W 42NF		Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: OSVALDO CASTELLANOS PD 01/20/2004