

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # H99770</b>  |         |  |         |
| 1. Entity Name<br><b>CENTURY IMPORTS, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>5028 MALLARDS PLACE<br/>COCONUT CREEK FL 33073<br/>US</b> |         | Mailing Address<br><b>PO BOX 5363<br/>LIGHTHOUSE PT FL 33074<br/>US</b>           |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



MOORE CR2E034 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>26-5099487</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>EGNER, THEODORE K.<br/>3067 E. COMMERCIAL BLVD.<br/>FORT LAUDERDALE FL 33308</b> |  | 7. Name and Address of New Registered Agent        |  |
|  |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | <b>FL</b> 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 | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be 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                       | <b>ALAM, SAUD</b>                  | NAME  |   |
| STREET ADDRESS             | <b>5028 MALLARD'S PLACE</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33073</b>      | CITY-ST-ZIP   |   |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PETERS, GEORGE</b>              | NAME  |   |
| STREET ADDRESS             | <b>3311 QUAIL CLOSE DRIVE</b>      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL</b>            | CITY-ST-ZIP   |   |
| TITLE                      | TD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALAM, ZAHIR</b>                 | NAME  |   |
| STREET ADDRESS             | <b>5028 MALLARD'S PLACE</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33073</b>      | CITY-ST-ZIP   |   |
| TITLE                      | SD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALAM, SADAF</b>                 | NAME  |   |
| STREET ADDRESS             | <b>5028 MALLARD'S PLACE</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33073</b>      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

|  |   |                      |                 |                       |
|--|---|----------------------|-----------------|-----------------------|
| <b>SIGNATURE:</b>  |  | <b>GEORGE PETERS</b> | <b>1/28/04</b>  | <b>(954) 421-0555</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |   | Date                 | Daytime Phone # |                       |