


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K39444**  
 1. Entity Name  
**CENTURY PLAZA HOLDINGS OF FLORIDA, INC.**



Principal Place of Business <b>ONE SOUTHEAST THIRD AVENUE          SUITE 2130          MIAMI, FL 33131 US</b>	Mailing Address <b>ONE SOUTHEAST THIRD AVENUE          SUITE 2130          MIAMI, FL 33131 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0132130	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  
**COPROLITE CORPORATION  
 ONE SOUTHEAST THIRD AVENUE, SUITE 2130  
 SUNTRUST INTERNATIONAL CENTER  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**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**

00000071128  
 02/10/04-80053-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JACKSON, CARLA ONE SE THRID AVENUE, SUITE 2130 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD YVONNE CALVERT ONE SE THIRD AVENUE, SUITE 2130 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Yvonne Calvert Vice President 2/27/04 305-377-9358  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Yvonne Calvert Date Daytime Phone #