


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 004 ***150.00

DOCUMENT # P01000098371					
1. Entity Name CENTURION AUTOMOBILE, INC.					
Principal Place of Business 514 NW 71 ST MIAMI FL 33150			Mailing Address 514 NW 71 ST MIAMI FL 33150		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1142466	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALLER, EDD L 1506 NW 82ND STREET MIAMI FL 33147				7. Name and Address of New Registered Agent Name WALLER, EDD M. Street Address (P.O. Box Number is Not Acceptable) 8394 NW 15th AVE. MIAMI City MIAMI FL Zip Code 33147	
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 EDD M. WALLER <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/9/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPHEE, IVAN		NAME		
STREET ADDRESS	514 NW 71 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCPHEE, IVAN		NAME	CARWIN BUTTER BETHEL	
STREET ADDRESS	100 LINCOLN RD, #1542		STREET ADDRESS	110 WILLIAMS DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	HOLLYWOOD, FLA. 33023	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	EDD M. WALLER	
STREET ADDRESS			STREET ADDRESS	8394 NW 15th AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FLA. 33147	
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		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/05 (305) 757-8441

Date Daytime Phone #