

2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-23-2005 90084027 ***150.00
P02000084056

DOCUMENT # P02000084056

1. Entity Name
U.S. CENTURY BANK



FILED
05 MAR -2 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7575 W FLAGLER ST
MIAMI, FL 33144

Mailing Address
7575 W FLAGLER ST
MIAMI, FL 33144



DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2371708 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Samuel A. Milne
7575 West Flagler St.
MIAMI, FL 33144

**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: [Signature] Samuel A. Milne 2/17/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 D
NAME ANGONES, FRANCISCO R
STREET ADDRESS 1203 SANTONA ST
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME GARCIA, CARLOS M
STREET ADDRESS 9485 SUNSET DR, STE A-295
CITY-ST-ZIP MIAMI, FL 33175

TITLE D
NAME GUERRA, ARMANDO J
STREET ADDRESS 4475 JOURNEY'S END RD
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D
NAME HERRAN, AGUSTIN
STREET ADDRESS 15175 SW 212 ST
CITY-ST-ZIP MIAMI, FL 33187

TITLE D
NAME HERRAN, MANUEL A
STREET ADDRESS 8460 SW 5TH ST
CITY-ST-ZIP MIAMI, FL 33144

TITLE D
NAME PINO, SERGIO
STREET ADDRESS 7270 NW 12TH ST, STE 410
CITY-ST-ZIP MIAMI, FL 33126

**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)(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] Samuel A. Milne, CFO 2/17/05 305-260-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/9/05