

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 042 ***150.00

DOCUMENT # P02000084056	
1. Entity Name U.S. CENTURY BANK	



Principal Place of Business 7575 W FLAGLER ST MIAMI, FL 33144	Mailing Address 7575 W FLAGLER ST MIAMI, FL 33144
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900000-



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2371708	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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGONES, FRANCISCO R 1203 SANTONA ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 9485 SUNSET DR, STE A-295 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, ARMANDO J 4475 JOURNEY'S END RD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, AGUSTIN 15175 SW 212 ST MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, MANUEL A 8460 SW 5TH ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, SERGIO 7270 NW 12TH ST, STE 410 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 exemptions contained in Chapter 119, 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

1/24/06 *305-260-9400*
 Date Daytime Phone #