


FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 012 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

20021389

DOCUMENT # P02000113535			
1. Entity Name ROYAL CENTURY TRADING CORP.			
Principal Place of Business 36 NE 1 AVE MIAMI, FL 33132		Mailing Address P O BOX 110739 MIAMI FL 33111	
2. Principal Place of Business		3. Mailing Address 36 NE 1 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33132	
4. FEI Number 33-1027456		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IZQUIERDO, FILENO 36 NE 1 AVENUE MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Fileno Izquierdo</i></u> FILENO IZQUIERDO 2/28/05 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORDONEZ, LOUIS 36 NE 1 AVE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Louis Ordonez</i></u> LOUIS ORDONEZ 2/28/05 305-372 2515		Date Daytime Phone #	