

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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04 JUL 26 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-25-04 90050 011 \$150.00



07222004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000047110					
1. Entity Name CENTURY ELECTRIC, INC.					
Principal Place of Business 2907 SW 67 WAY MIRAMAR, FL 33023			Mailing Address 2907 SW 67 WAY MIRAMAR, FL 33023		
2. Principal Place of Business 6809 SW 20st		3. Mailing Address 6809 SW 20st			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR		City & State MIRAMAR		4. FEI Number 65-1187556	
Zip 33023	Country USA	Zip 33023	Country USA	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 EXPOSITO, LIDIA E 2907 SW 67 WAY MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name EXPOSITO, LIDIA E Street Address (P.O. Box Number is Not Acceptable) 2907 SW 67 WAY City MIRAMAR FL Zip Code 33023		
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>Lidia Exposito</u> DATE <u>7/19/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DAVID 2907 SW 67 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DAVID 2907 SW 67 WAY MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>David Kobayashi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/19/04</u> (788) 290-6866 <small>Daytime Phone if</small>		