2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # P03000047110 1. Entity Name CENTURY ELECTRIC, INC.				02-27-2006 90053 022 ***150.00		
Principal Place of Business Mailing Address 6809 SW 20 STREET 6809 SW 20 STREET MIRAMAR, FL 33023 MIRAMAR, FL 33023				1. M. 1. M. 1. M.		
	ace of Business BUHMORE BIVE 4, etc.	3. Mailing Address 7619 B3H446 Suite, Apt. #, etc.	one bli	02142006 Chg-P CR2E034 (11/05)		
City & State		City & State		4. FEI Number Applied For		
MIRAN	1A2, FC	MIRAMAR.	Country	65-1187556 Not Applicable \$8.75 Additional		
3302	3 USA	33023	USA	Fee Required		
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent		
EXPOSITO, LIDIA E 2907 SW 67 WAY MIRAMAR, FL 33023				Street Address (P.O. Box Number is Not Acceptable)		
· · · · · · · · · · · · · · · · · · ·			761			
Ci				11RAMAR FL Zip Code 33023		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE David Rolls Gub David Podruguez SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature to required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	P RODRIGUEZ, DAVID 2907 SW 67 WAY MIRAMAR, FL 33023	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Pries RODNICTUEZ, DAVI'd 7619 Biltmore Blvd MIRAMAR, FL 33023		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME Street address City-St-Zip			NAME Street address City-ST-Zip			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	-		NAME STREET ADDRESS CITY-ST-ZIP	and the second s		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS		'	NAME Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADORESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
TITLE		- □ Delete	TITLE	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
indicated of the corp	on this report or supplemental report	is true and accurate and that my powered to execute this report as	signature shall ha	ontained in Chapter 119, Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		