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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: CENTURY FUNDING GROUP, IN	IC.
DOC	UMENT NUMBER: P05000057159	
		IA and and for supering the design of the supering the su
	nclosed Statement of Change of Registered Office	
Please	e return all correspondence concerning this matter	to the following:
	JUAN J. SANTAMARIA	
(Name of Contact Person)		
CENTURY FUNDING GROUP, INC.		
	(Firm/Cor	mpany)
2829 BIRD AVE, SUITE 7 (Address)		
	(1300)	333)
	COCONUT GROVE, FL 33133	
	(City/State and	Zip Code)
For fu	orther information concerning this matter, please ca	ıll:
шал	J. SANTAMARIA	305 \ 447-4663
JUAN	(Name of Contact Person)	at (305) 447-4663 (Area Code & Daytime Telephone Number)
		99
Enclo	sed is a \$35.00 check made payable to the Departm	nent of State.
	M. W A. I. I	Caused & Advence
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: CENTURY FUNDING	GROUP, INC.	
2. The principal office address: 2829 BIRD AVE, SUITE 7 COCONUT GROVE, FL 33133		
3. The mailing address (if different): SAME AS ABOV	VE	
4. Date of incorporation/qualification: APRIL 19, 200	Document number: P05000057159	
5. The name and street address of the current registere Florida Department of State:	d agent and registered office on file with the	
CLIFFORD C. CHEVALLIER		
10511 N KENDALL DR. SUI	TE C205	
MIAMI, FL 33176		
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office	
JUAN J. SANTAMARIA		
2829 BIRD AVE, SUITE 7		
(P.O. Box NOT accepts		
COCONUT GROVE, FL 331	33	
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,	
Such change was authorized by resolution duly ador authorized by the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
/ /////	JUAN J. SANTAMARIA	
(Signature of an officer of director) I Hereby accept the appointment as registered agent I further agree to comply with the provisions of all so f my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this change in a comparation has been notified in writing of this change.	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
	MAY 3, 2007	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
JUAN J. SANTAMARIA		
(Typed or Printed Name) * * * FILING	FEE: \$35.00 * * *	
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