2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-03-2006 90211 017 ***150.00

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1. Entity Name
21ST CENTURY COMPOSITES, INC.

66021108

05012006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
2400 N.W. 150TH STREET OPA LOCKA, FL 33054	2400 N.W. 150TH STREET OPA LOCKA, FL 33054

2. Principal Place of Business		3. Mailing Address	
2400 NW 150th st			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Opa Locka FL		City & State	
Zip: 33054	Country: USA	Zip	Country

4. FEI Number: 20-2811067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RATLIEFF, WILLIAM
2400 N.W. 150TH STREET
OPA LOCKA, FL 33054

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 ____________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	President William Ratlieff 2400 NW 150th st Opa Locka FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Date Daytime Phone #