2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000054877

1. Entity Name
CENTURY INVESTORS, INC.

Principal Place of Business
37 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166

Mailing Address
37 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166

04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0485418

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ALBERTO
37 S. ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL
MIAMI SPRINGS, FL 33166

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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)

000000[illegible]17
04/23/08 00083 025 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PEREZ, ALBERTO
STREET ADDRESS	37 S. ROYAL POINCIANA BLVD
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	STD
NAME	PEREZ, OLGA IRENE
STREET ADDRESS	37 S. ROYAL POINCIANA BLVD
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/5/08 305-887-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #