

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000065897	
1. Entity Name CENTURY TECHNOLOGY, INC.	

Principal Place of Business 1754 SW 109TH TERR DAVIE, FL 33324 US	Mailing Address 1754 SW 109TH TERR DAVIE, FL 33324 US
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0522200	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANTOS, MAURO C ESQ
25 SE SECOND AVE
INGRAHAM BLDG, SUITE 1235
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MENDES, JOSE RUA CAIUBI, 324, APT 32 SAO PAULO, SP 05010000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS FILHO, ALBERTO SENTIE RUA GUILHERMINA, 291 SAO PAULO, SP 02469040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MATTOS, ROBERTO 9 SANDBURG DRIVE MORGANVILLE, NJ 07756
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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03/25/04-80006-010 150.00

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: Roberto Mattos Roberto M Mattos 03/25/2004 (732) 617-7251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #