


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90032 040 \*\*\*150.00

<b>DOCUMENT # P96000015981</b> 1. Entity Name <b>CENTURY INTERNATIONAL FUNDING, INC.</b>					
Principal Place of Business <b>2812 NW 35 ST. MIAMI, FL 33142</b>			Mailing Address <b>2812 NW 35 STREET MIAMI, FL 33142 US</b>		
2. Principal Place of Business <b>1385 NW 15 ST</b>			3. Mailing Address <b>1385 NW 15 ST</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami Fla</b>			City & State <b>Miami Fla</b>		
Zip <b>33125</b>			Zip <b>33125</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-0700651</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>PALINSKY, ILYA 2812 NW 35 ST. MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name <b>Jacob Fishman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1385 NW 15 ST</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33125</b>		
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 <u><i>[Signature]</i></u> <b>(Jacob Fishman)</b> DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D PALINSKY, ILYA 2812 NW 35 ST. MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ILYA Palinsky 1385 NW 15 ST., Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/S Jacob Fishman 1385 NW 15 ST., Miami, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> <b>Jacob Fishman</b> <b>3/31/04</b> <b>305 545 7822</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					