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FILED
Mar 29, 2004 8:00 am
Secretary of State
03-15-2004 90031 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

66408399

DOCUMENT # P97000106138

1. Entity Name: Century Capital Group, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3250 NW 36th Street	1662 NE 196th Street
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami, FL	City & State: North Miami Beach, FL
Zip: 33142 Country:	Zip: 33179 Country:

4. FEI Number: ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Szymon Trojecki

Street Address (P.O. Box Number is Not Acceptable): 3250 NW 36th Street

City: Miami FL Zip Code: 33142

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Due by May 1 - Fee is $150.00 / After May 1, Fee is $550.00 / Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Szymon Trojecki 3250 NW 36th Street Miami, FL 33142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 3/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #