

1.) CORPORATION NAME:

Century Automotive Service Corporation

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

1111 E MAIN ST

BOFA CENTER 16TH FL

SCC ID NO: **F1872664**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10555 MONTGOMERY BLVD. NE
BLDG. 2, STE 120

CITY/ST/ZIP: ALBUQUERQUE, NM 87111

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	NIKOS ANTISSARIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 3809		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87190-3809		

NAME:	DANIEL GARCIA-VEGA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7300 CORPORATE CENTER DR		
CITY/ST/ZIP/CO:	6TH FLOOR MIAMI, FL 33126		

NAME:	RAFAEL SENEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 3809		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87190-3809		

NAME:	DENNIS FANTIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7300 CORPORATE CENTER DR		
CITY/ST/ZIP/CO:	6TH FLOOR MIAMI, FL 33126		

NAME:	PEDRO FREYRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7300 CORPORATE CENTER DR		
CITY/ST/ZIP/CO:	6TH FLOOR MIAMI, FL 33126		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERNON P LEAKE CEO PO BOX 3809 ALBUQUERQUE, NM 87190-3809	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOHAMMAD H MITHANI CFO PO BOX 3809 ALBUQUERQUE, NM 87190-3809	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE MANUEL MARTINEZ DIRECTOR PO BOX 3809 ALBUQUERQUE, NM 87190-3809	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORIO RODRIGUEZ SANTOS DIRECTOR PO BOX 3809 ALBUQUERQUE, NM 87190-3809	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VERNON P LEAKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VERNON P LEAKE, CEO PRINTED NAME AND CORPORATE TITLE	9/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			