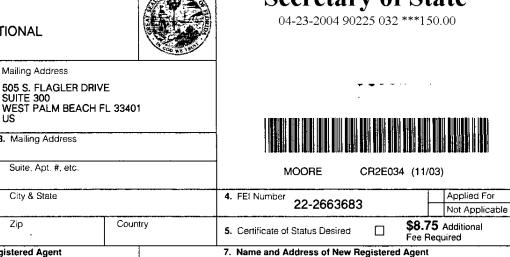
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # H88540 CONTINENTAL RESOURCES INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401 505 S. FLAGLER DRIVE SUITE 300





Name CHOPIN, L. FRANK 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401

3. Mailing Address

City & State

Suite, Apt. #, etc.

Turing		
Street Address (P.O. Box Number is Not Acceptable)		
City	EI.	Zip Code

SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete POLIVY, IRWIN NAME NAME 641 LEXINGTON AVENUE STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition POLIVY, IRWIN NAME NAME STREET ADDRESS 641 LEXINGTON AVENUE STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete Addition NAME BERNSTEIN, HARVEY NAME STREET ADDRESS STREET ADDRESS 641 LEXINGTON AVENUE CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

2. Principal Place of Business

the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #