## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 29, 2004 08:00 AN Secretary of State

CR2E034 (10/03)

Applied For

Not Applicable

						REP		 	
DOC	UMENT	#	K99	778				 	Ī

1. Entity Name CONTINENTAL REAL ESTATE COMPANIES, INC. Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2665 SOUTH BAYSHORE DRIVE **SUITE 1002** MIAMI, FL 33133

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No Chg-P

04132004

4. FÉI Number

65-0141585

## \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHATZ, RICHARD E DO NOT WRITE STEARN WEAVER MILLER, ET AL 150 W. FLAGLER STREET #2200 IN THIS SPACE MIAMI, FL 33130 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recyclered Acisor signstrum retrumed when reinstational \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE WEISER, WARREN NAME STREET ADDRESS 2665 \$ BAYSHORE DR #1002 U000000141050 CITY-ST-ZIP MIAMI, FL -04/29/04-80185-017 150.00 nne NAME STREET ADDRESS CITY-ST- ZIP TITLE MARIE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZP nne NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

305-854-7342