2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020573

Entity Name: NEW CONTINENT HOTEL & LEISURE, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
7855 NORTHWEST 12TH STREET	7925 NORTHWEST 12TH STREET

SUITE #212 SUITE #414 MIAMI, FL 33129 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

7855 NORTHWEST 12TH STREET 7925 NORTHWEST 12TH STREET

 SUITE #212
 SUITE #414

 MIAMI, FL 33129
 MIAMI, FL 33126

FEI Number: 56-2317075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SPIEGEL & UTRERA, P.A.
 ROSAS, GUSTAVO M D

 1840 SW 22ND ST.
 9143 SW 70TH TERRACE

 4TH FLOOR
 MIAMI, FL 33173 US

 MIAMI, FL 33145 US

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: GUSTAVO M. ROSAS 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: ROSAS, GUSTAVO Name: Address: 7855 NORTHWEST 12TH STREET, SUITE #212 Address:

City-St-Zip: MIAMI, FL 33129 City-St-Zip:

Title: VD () Delete Title: () Change () Addition Name: POLLIER, ALEJANDRO Name:

Address: 7855 NORTHWEST 12TH STREET, SUITE #212 Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 JUGO, OSWALDO J
 Name:

 Address:
 7855 NORTHWEST 12TH STREET, SUITE #212
 Address:

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MARTINEZ, MARIA A
 Name:

 Address:
 7855 NORTHWEST 12TH STREET, SUITE #212
 Address:

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO M. ROSAS PSD 04/27/2004