2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AM DOCUMENT # K99532 **Secretary of State** CONTINENTAL ACQUISITIONS, INC. Principal Place of Business Mailing Address 2665 S BAYSHORE DR, STE 1002 2665 S BAYSHORE DR, STE 1002 MIAMI, FL 33133 US MIAMI, FL 33133 US 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0141580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE SCHATZ, RICHARD E STEARNS WEAVER MILLER, ET AL 150 W FLAGLER ST, #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 Signature, typed or prinked name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS DP TITLE WEISER, WARREN NAME 2665 S BAYSHORE DR #1002 STREET ADDRESS CITY ST-ZP MIAMI, FL U00000141054 04/29/04-80185-018 150.00 BILE HALF STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP IN THIS SPACE TITLE LAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP mie 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 outh; 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:

STREET ADDRESS CITY - ST - 7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/27/0

305-854-7342

Osytime Phone #

FILED