

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M40799 1. Entity Name CONTINENTAL GENERAL DEVELOPMENT CORP.	
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Principal Place of Business 2307 DOUGLAS ROAD SUITE 500 MIAMI, FL 33145	Mailing Address 2307 DOUGLAS ROAD SUITE 500 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0231019	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALAYO, WILSON J 2307 DOUGLAS ROAD SUITE 500 MIAMI, FL 33145

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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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALAYO, WILSON J 2307 DOUGLAS ROAD, SUITE 500 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALAYO, JOSE 2307 DOUGLAS ROAD, SUITE 500 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALAYO, JUAN J 2307 DOUGLAS RD., STE. 500 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80014-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/10/06 305-445-9001 Date Daytime Phone #
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