

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 014 ***150.00

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1. Entity Name
CONTINENTAL MORTGAGE GROUP CORP.



Principal Place of Business

**2665 S. BAYSHORE DRIVE
SUITE 1002 #1250
MIAMI, FL 33133**

Mailing Address **2121 Ponce de Leon Blvd**

**2665 S. BAYSHORE DRIVE
SUITE 1002 #1250
MIAMI, FL 33133
CORAL GABLES, FL 33134**

50018784



DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0570661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEISER, WARREN P
2665 S. BAYSHORE DRIVE
SUITE 1002
MIAMI, FL 33133**

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IN THIS SPACE**

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 _____

**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**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WEISER, WARREN P**
STREET ADDRESS **2665 S. BAYSHORE DRIVE, SUITE 1002**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

WARREN P. WEISER

4/28/06

Date

305-854-7342

Daytime Phone #