


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000111237</b> 1. Entity Name CONTINENTAL COLOR'S INC.	
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Principal Place of Business 10101 E BAY HARBOR DR 307 BAY HARBOR, FL 33154	Mailing Address 4315 NW 7TH ST 51 MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1061761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CERVERA, MARIANO  
10101 E BAY HARBOR DR  
307  
BAY HARBOR, FL 33154

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVERA, MARIANO 10101 E BAY HARBOR DR SUITE 307 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOMINQUEZ, SILVIA S 10101 E BAY HARBOR DR SUITE 307 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CERVERA, LEANDRO 10101 E BAY HARBOR DR SUITE 307 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CERVERA, DIEGO 10101 E BAY HARBOR DR SUITE 307 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERVERA, JAVIER 10101 E BAY HARBOR DR SUITE 307 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000833397  
02/28/08-80010-025 150.00

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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:  **PRESIDENT**  
MARIANO CERVERA 02/02/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR