


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90055 003 ***150.00

DOCUMENT # 283605
 1. Entity Name
CONTINENTAL INSURANCE AGENCY INC



Principal Place of Business Mailing Address
814 PONCE DE LEON BLVD, STE 310 **814 PONCE DE LEON BLVD, STE 310**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

50007398



2. Principal Place of Business 3. Mailing Address
2307 Douglas Road **P.O. Box 144680**
 Suite Apt. #, etc. Suite, Apt. #, etc.
401

01252005 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL. **Coral Gables, Fl.**
 Zip Country Zip Country
33145 **Dade** **33114-4680** **Dade**

4. FEI Number Applied For
59-1058273 Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JORGE M
14261 SW 74TH TERR
MIAMI, FL 33183

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE **01/25/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, JORGE M 14261 SW 74TH TERR MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ **JORGE M. RODRIGUEZ** **01/25/05** **305.445.6550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #