


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90049 013 \*\*\*150.00

<b>DOCUMENT # 407259</b> 1. Entity Name <b>CONTINENTAL REALTY FINANCE CORPORATION</b>					
Principal Place of Business <b>C/O THE BROADSTONE GROUP, INC. 156 W 56TH ST, SUITE 1604 NEW YORK NY 10019-3878</b>			Mailing Address <b>C/O BROADSTONE GROUP 888 7TH AVENUE NEW YORK NY 10106-0199 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>c/o The Broadstone Group</b> Suite, Apt. #, etc. <b>156 W. 56th St., Suite 1604</b>			
City & State		City & State <b>New York, New York</b>		4. FEI Number <b>13-2743539</b>	
Zip <b>10019</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BERGER &amp; SHAPIRO 350 E. LAS OLAS BOULEVARD SUITE 1000 FT. LAUDERDALE FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS BORY, JUDITH 888 SEVENTH AVE., SUITE 3400 NEW YORK NY</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>156 West 56th Street, Suite 1604 New York, NY 10019</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT LOPATER, LAWRENCE 888 SEVENTH AVE, STE 3400 NEW YORK NY 10106</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>156 West 56th Street, Suite 1604 New York, NY 10019</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E034 (10/04)

**SIGNATURE:**

*Judith Bory*

**Judith Bory**

**3/29/05**

Date

**212-333-2107**

Daytime Phone #

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.