

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90188 003 \*\*\*150.00

**DOCUMENT # 669563**

1. Entity Name  
 CONTINENTAL FILM LABORATORIES OF FLORIDA, INC.



Principal Place of Business  
 1998 N.E. 150TH STREET  
 NORTH MIAMI, FL 33181

Mailing Address  
 1998 N.E. 150TH STREET  
 NORTH MIAMI, FL 33181



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2040226	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**

AMERICAN INFORMATION SERVICES INC  
 ONE S.E. THIRD AVE 28TH FLR  
 MIAMI, FL 33131

**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 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 NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, EDWIN SMITH, JR 1998 N.E. 150TH STREET NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRAMS, STEVEU 1998 N.E. 150TH STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RODGERS, THOMAS M., JR. 1998 N.E. 150TH STREET NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AMOROSI, MARIA V 1998 NE 150 ST MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 info empowered.

SIGNATURE: Maria V. Amorosi 04-17-06 305-949-4252  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #