

**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 ☐ \$8.75 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 P
NAME JACKSON, EDWIN SMITH, JR
STREET ADDRESS 1998 N.E. 150TH STREET
CITY-ST-ZIP NORTH MIAMI, FL

TITLE C
NAME KRAMS, STEVEU
STREET ADDRESS 1998 N.E. 150TH STREET
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE C
NAME RODGERS, THOMAS M., JR.
STREET ADDRESS 1998 N.E. 150TH STREET
CITY-ST-ZIP NORTH MIAMI, FL

TITLE CEO
NAME AMOROSI, MARIA V
STREET ADDRESS 1998 NE 150 ST
CITY-ST-ZIP MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE: Maria V. Amorosi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-06 305-949-4252
Date Daytime Phone #