


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 669563</b> 1. Entity Name CONTINENTAL FILM LABORATORIES OF FLORIDA, INC.	
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Principal Place of Business 1998 N.E. 150TH STREET NORTH MIAMI, FL 33181	Mailing Address 1998 N.E. 150TH STREET NORTH MIAMI, FL 33181
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2040226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	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	

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02/09/07-80003-011 150.00

**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 like empowered.

**SIGNATURE:** Maria V. Amorosi 01-29-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #