2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# F02000003937

Entity Name: CONTINENTAL GIRBAU, INC.

Current Principal Place of Business:

2500 STATE HIGHWAY 44
OSHKOSH, WI 54904

New Principal Place of Business:

Current Mailing Address:

2500 STATE HIGHWAY 44
OSHKOSH, WI 54904

New Mailing Address:

FEI Number: 39-1826789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	KAFER, LEONARD P	
Address:	1545 ARBORETUM DRIVE, #403	
City-St-Zip:	OSHKOSH, WI 54901	
Title:	D	( ) Delete
Name:	FLOYD, MICHAEL T	
Address:	4144 STONEGATE DRIVE	
City-St-Zip:	OSHKOSH, WI 54904	
Title:	D	( ) Delete
Name:	RIBALTA, SANTIAGO C	
Address:	GALLISA 29-06B	
City-St-Zip:	VIC-BARACELONA 08500 SPAIN,	
Title:	D	( ) Delete
Name:	BOVER, ANTONI G	
Address:	S/SAGRADA FAMILIA 20	
City-St-Zip:	VIC-BARACELONA 08500 SPAIN,	
Title:	D	( ) Delete
Name:	BOVER, PERE GIRBAU	
Address:	PL. MAJOR 21	
City-St-Zip:	VIC-BARACELONA 08500 SPAIN,	
Title:	D	( ) Delete
Name:	DACHS, MIQUEL S	
Address:	JOSEP MA PALAS 19	
City-St-Zip:	VIC-BARACELONA 08500 SPAIN,	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. FLOYD PRES 02/08/2007

Electronic Signature of Signing Officer or Director — Date