2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001889

Title:

Name:

Address:

City-St-Zip:

FILED Jan 08, 2004 Secretary of State

Entity Nan	ne: RITZ C	ONTINENTAL LIMITED COR	P.			•	
Current Principal Place of Business:				New Principal Place of Business:			
9995 GATE PARKWAY STE 400 JACKSONVILLE, FL 32246							
	ailing Addı			New Mailir	ng Address	:	
9995 GATE STE 400	E PARKWA` VILLE, FL 3	(Non mann			
FEI Number:	52-2032534	FEI Number Applied For ()	FEI Nui	mber Not Appli	icable ()	Certificate of Status Desired	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
9995 GAT4 STE 400 JACKSON	of Florida.	/ Υ	ne purpose d	of changing it	ts registered	l office or registered agent, o	or both,
Electronic Signature of Registered Agent				 Date			
Election Cam	npaign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete :UTIVE DIRE, CTORS, INC. ELL AVE., STE. 850 3131		Title: Name: Address: City-St-Zip:	FIRST EXEC	(X) Change()Addition UTIVE DIRE, CTORS, INC. ELL BAY DR., STE 1716 3131	
Title: Name: Address: City-St-Zip:	FIRST COM	() Delete PANY DIRECT, ORS, INC. ELL AVE., STE. 850 3131		Title: Name: Address: City-St-Zip:	FIRST COMF	(X) Change () Addition PANY DIRECT, ORS, INC. ELL BAY DR., STE 1716 3131	
Title: Name: Address: City-St-Zip:	FRENKEL, L 9995 GATE	() Delete ARISSA PARKWAY STE 400 LLE, FL 32246		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAISSA FRENKEL S 01/08/2004

() Delete

9995 GATE PARKWAY STE 400

JACKSONVILLE, FL 32246

FRENKEL, RAISSA

() Change () Addition