


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J35355</b>	
1. Entity Name <b>CONTINENTAL FLORIDA REALTY CORPORATION</b>	

Principal Place of Business <b>2255 GLADES RD STE 223A BOCA RATON, FL 33431 US</b>	Mailing Address <b>2255 GLADES RD STE 223A BOCA RATON, FL 33431 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3379912</b>	Applied For <input type="checkbox"/> 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**

**MOMBACH, GEOFFREY S ESQ.  
MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE, FL 33394**

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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, 2007 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UN00000706254  
04/24/07-80027-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>ORGANEK, EMANUEL</b>
NAME	<b>5798 NW 33RD AVENUE</b>
STREET ADDRESS	<b>BOCA RATON, FL</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>ORGANEK, BARBARA</b>
NAME	<b>5798 NW 33RD AVENUE</b>
STREET ADDRESS	<b>BOCA RATON, FL</b>
CITY-ST-ZIP	
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 like empowered.

**SIGNATURE:** *Emmanuel Organek* **4-12-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #