


2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90016 015 \*\*\*150.00

**DOCUMENT # J35355**

1. Entity Name  
**CONTINENTAL FLORIDA REALTY CORPORATION**



Principal Place of Business      Mailing Address

2255 GLADES RD      2255 GLADES RD  
 STE 223A      STE 223A  
 BOCA RATON, FL 33431 US      BOCA RATON, FL 33431 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2255 GLADES ROAD**      **2255 GLADES ROAD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 234 WEST**      **SUITE 234 WEST**

City & State      City & State

**BOCA RATON FL**      **BOCA RATON FL**

Zip      Country      Zip      Country

**33431 USA**      **33431 USA**



04032008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**13-3379912**      Not Applicable

5. Certificate of Status Desired            \$8.75 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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ORGANEK, EMANUEL	5798 NW 33RD AVENUE	BOCA RATON, FL	<input type="checkbox"/>
VP	ORGANEK, BARBARA	5798 NW 33RD AVENUE	BOCA RATON, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>2255 GLADES ROAD, #234 WEST</b>	<b>2255 GLADES ROAD, #234 WEST</b>	<b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>2255 GLADES ROAD, #234 WEST</b>	<b>2255 GLADES ROAD, #234 WEST</b>	<b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Emanuel Organek, Pres.*      *4/10/08*      \_\_\_\_\_

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