

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 001 ***150.00

DOCUMENT # K16894

1. Entity Name
CONTINENTAL TRAVEL OF CORAL GABLES, INC.



Principal Place of Business
2801 FLORIDA AVENUE
SUITE #20
COCONUT GROVE, FL 33133 US

Mailing Address
2801 FLORIDA AVENUE
SUITE #20
COCONUT GROVE, FL 33133 US



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0034784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIER, IRMA J
2801 FLORIDA AVENUE STE # 20
COCONUT GROVE, FL 33133

**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

**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	P
NAME	COCCHIANO, SUSAN F
STREET ADDRESS	30 S PROSPECT DR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	FIER, IRMA J
STREET ADDRESS	2801 FLORIDA AVE STE # 20
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	TD
NAME	FIER, IRMA J.
STREET ADDRESS	2801 FLORIDA AVE STE # 20
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #