

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K16894

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** CONTINENTAL TRAVEL OF CORAL GABLES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0034784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

COCCHIANO, SUSAN F  
2801 FLORIDA AVENUE STE # 20  
COCONUT GROVE, FL 33133 US

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: SUSAN F COCCHIANO      01/10/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COCCHIANO, SUSAN F  
Address: 30 S PROSPECT DR  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: ST  
Name: FIER, IRMA J  
Address: 2801 FLORIDA AVE #20  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD  
Name: FIER, IRMA J.  
Address: 2801 FLORIDA AVE STE # 20  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: SUSAN F COCCHIANO      PRES      01/10/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date