


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M02230 1. Entity Name CONTINENTAL BANCORP.		
Principal Place of Business 1801 S. W. 1ST STREET MIAMI, FL 33135 US		Mailing Address 1801 S. W. 1ST STREET ATTN: VICTOR L MENDOZA MIAMI, FL 33135 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DASCAL, CHARLES 1801 S. W. FIRST ST. MIAMI, FL 33135		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DASCAL, CHARLES 1801 SW FIRST ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDOZA, VICTOR L 1801 SW 1 ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTIEL, JOSE R. 1801 SW 1ST ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ-ROUSSEIOT, GUILERMO 1801 SW 1ST ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKIEL, DANIEL 13295 BISCAINE DR MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/01/06 (305) 643-8223 Date Daytime Phone #



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2456752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UD00000558114
05/17/06-80123-018 150.00