



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M02230 1. Entity Name CONTINENTAL BANCORP.	
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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
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**DASCAL, CHARLES
1801 S. W. FIRST ST.
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

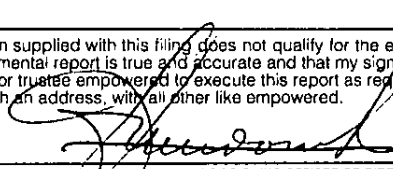
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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 BISCAYNE 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:  **04/08/08 30Y-6X3-P2P3**