2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	M94697
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1. Entity Name

CONTINENTAL LAND INVESTMENTS, INC.

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FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90093 001 ***158.75

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of Business 53 5		P.O. #05 Miam	BOX 655253							81811 418 11 1881	
ace of Busine	ss		iling Address								
ŧ, etc.		Suit	e, Apt. #, etc.		····		☐ CHECK HERE	IF MAKING	CHANGES	S	
		City	& State			4. F	4. FEI Number 65-0069184 [Applied For Not Applicable				
	Country	Zíp		Count	ту	5. (Certificate of Status Desired		\$8.75 A	dditional	
6. Name a	nd Address of Curre	ent Registere	ed Agent	<u> </u>		7. N	ame and Address of New F				
EL					Name						
66TH	·- 		والمحمود المستداد		-Street Address	s (P.O.·Bo	ox-Number is Not Acceptable	•)			
3183					City	170.2		EI	Zip Cod	de	
amed entity s	submits this statemen	t for the purp	ose of changing its	registered	d office or regist	tered age	ent, or both, in the State of Flo		amiliar with	, and accept	
		ent and title if app	licable. (NOT	E: Registered	Agent signature requi	red when rei	nstating)	DATE	<u>.</u>		
May 1, 2003	Fee will be \$550.0	00 t of State							\$5.0 Adde	00 May Be d to Fees	
	OFFICERS AN	ND DIRECTO	RS	11.		ADD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	
O. BOX 65	5253		☐ Delete	1			:		☐ Change	Addition	
'SD PENA, ANGE P.O. BOX 65	L 5253		☐ Delete	TITLE NAME STREET	ADDRESS			-	☐ Change	Addition	
			☐ Delete						☐ Change	Addition	
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	6. Name a EL 6. Name a EL 6. Name a EL 6. Name a FL 6. Name a FL 6. Name a EL 6. Nam	Country 6. Name and Address of Curro 6. Name and Address of Curr	Rece of Business ace of Business 3. Ma b, etc. Country Countr	P.O. BOX 655253 #06 MIAMI FL 33265 US ace of Business 3. Mailing Address Letc. City & State Country Zip 6. Name and Address of Current Registered Agent EL 36TH 31 3183 amed entity submits this statement for the purpose of changing its ns of registered agent. Ignature, typed or printed name of registered agent and title if applicable. E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS TD ENA, ANGEL D. BOX 655253 IIAMI FL 33265 Delete Delete Delete Delete Delete	P.O. BOX 655253 #05 MIAMI FL 33265 US ace of Business 3. Mailing Address 4. etc. City & State Country Zip Country Zip Country City & State Country City & State Country Country City & State Country Country Country City & State Country Cou	P.O. BOX 655253 #05 MIAMI FL 33265 US acce of Business 3. Mailing Address 4. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 6. Name and Address of Current Registered Agent Name EL. SiTH 3. 3183 City amed entity submits this statement for the purpose of changing its registered office or registors of registered agent. Importure, hyped or printed name of registered agent and ride # applicable. ENOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	P.O. BOX 655253 #OS MIAMI FL 33265 US acce of Business 3. Mailing Address 4. Fe Country Zip Country Zip Country Zip Country S. C 6. Name and Address of Current Registered Agent Name Street Address (P.O. Bo Now its in its statement for the purpose of changing its registered office or registered agent of registered agent. (NOTE: Registered Agent signature required where reil E NOW!! FEE IS \$150.00 Agy 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS TID ENA, ANGEL OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P.O. BOX 655253 ANAINE TO JOSE STATE ADDRESS OF STATE ADDRESS TO OFF ENA, ANGEL OFFICERS AND DIRECTORS TO Delete TO THE HAME STRET ADDRESS GUY-ST-7P TO Delete TO Delete TO Delete TO THE HAME STRET ADDRESS GUY-ST-7P TO Delete TO Delete TO Delete TO THE HAME STRET ADDRESS GUY-ST-7P TO Delete TO TO THE HAME STRET ADDRESS GUY-ST-7P TO Delete	P.O. BOX 65523 //5 MANN FL 33265 US 3. Mailing Address 3. Mailing Address City & State Country Country Zip Country Zip Country Sip Country Signature Country Country Country Country Country Signature Street Address (PO-Box Number is Not Acceptable) Street Address (PO-Box Number is Not Acceptable) City FL City	P.O. BOX 65253		

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:

Daytime Phone #