


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90036 003 ***150.00

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| DOCUMENT # P02000067749 | |  |
| 1. Entity Name CONTINENTAL AG.BROKERS, INC. | | |

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| Principal Place of Business 12555 ORANGE DR., SUITE 101 DAVIE, FL 33330 | Mailing Address 12555 ORANGE DR., SUITE 101 DAVIE, FL 33330 |
|---|---|

54027448

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| 2. Principal Place of Business 8211 W. BROWARD BLVD Suite, Apt. #, etc. #120 City & State PLANTATION, FL Zip 33324 Country USA | 3. Mailing Address 8211 W. BROWARD BLVD Suite, Apt. #, etc. #120 City & State PLANTATION, FL Zip 33324 Country USA |
|---|---|

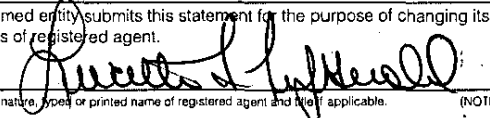


03032004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 81-0557595 | Applied For Not Applicable |
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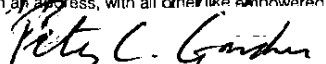
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FITZGERALD, LUCETTE 7901 SW 6 COURT SUITE #150A PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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  | DATE 3-30-04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARDNER, PETER C 12555 ORANGE DR., SUITE 101 DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRISCOLL, W. JOHN 12555 ORANGE DR., SUITE 101 DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FASH, DOUGLAS 12555 ORANGE DR., SUITE 101 DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 answered | |
| SIGNATURE:  | DATE 3/30/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |