


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 008 ***150.00

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

40027543



Principal Place of Business 8211 W. BROWARD BLVD #120 FORT LAUDERDALE, FL 33324	Mailing Address 8211 W. BROWARD BLVD #120 FORT LAUDERDALE, FL 33324
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2. Principal Place of Business Suite, Apt. #, etc. #230 City & State Zip	3. Mailing Address Suite, Apt. #, etc. #230 City & State Zip
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01172005 Chg-P CR2E034 (10/03)

4. FEI Number 81-0557595	Applied For Not Applicable
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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 Peter C. Gardner Street Address (P.O. Box Number is Not Acceptable) 7901 SW 6th Court, #150 City PLANTATION FL Zip Code 33324
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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 *Peter C. Gardner* DATE 2/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7901 SW 6th Court, #150 PLANTATION, FL 33324
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7901 SW 6th Court, #150 PLANTATION, FL 33324
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7901 SW 6th Court, #150 PLANTATION, FL 33324
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
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
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

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 empowered.

SIGNATURE: *Peter C. Gardner* DATE 2/14/05 DAYTIME PHONE # 954 727-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR