

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020573

FILED
Apr 26, 2005
Secretary of State

Entity Name: NEW CONTINENT HOTEL & LEISURE, INC.

Current Principal Place of Business:

7925 NORTHWEST 12TH STREET
SUITE #414
MIAMI, FL 33126

Current Mailing Address:

7925 NORTHWEST 12TH STREET
SUITE #414
MIAMI, FL 33126

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE #401
CORAL GABLE, FL 33134

New Mailing Address:

2600 DOUGLAS ROAD
SUITE #401
CORAL GABLE, FL 33134

FEI Number: 56-2317075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSAS, GUSTAVO M D
9143 SW 70TH TERRACE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSAS, GUSTAVO
Address: 7855 NORTHWEST 12TH STREET, SUITE #212
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: POLLIER, ALEJANDRO
Address: 7855 NORTHWEST 12TH STREET, SUITE #212
City-St-Zip: MIAMI, FL 33129

Title: SD () Delete
Name: JUGO, OSWALDO J
Address: 7855 NORTHWEST 12TH STREET, SUITE #212
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: MARTINEZ, MARIA A
Address: 7855 NORTHWEST 12TH STREET, SUITE #212
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSAS, GUSTAVO
Address: 2600 DOUGLAS ROAD, SUITE 401
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: POLLIER, ALEJANDRO
Address: 2600 DOUGLAS ROAD, SUITE 401
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change () Addition
Name: JUGO, OSWALDO J
Address: 2600 DOUGLAS ROAD, SUITE 401
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change () Addition
Name: MARTINEZ, MARIA A
Address: 2600 DOUGLAS ROAD, SUITE 401
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO ROSAS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date