


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amendment

DOCUMENT # P04000172136				FILED 07 OCT 19 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CONTINENTAL MARKETING OF AMERICA, INC		Principal Place of Business 8900 SW 107TH AVENUE SUITE 300 MIAMI, FL 33176 US			
2. Principal Place of Business - No P.O. Box # 482 Palm Ave.		Mailing Address 8900 SW 107TH AVENUE SUITE 300 MIAMI, FL 33176 US			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 20-2072347	
Zip 33010		Zip 33010		Applied For <input type="checkbox"/> Not Applicable	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACOSTA, OSCAR 8900 SW 107TH AVENUE SUITE 300 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 482 Palm Ave City Hialeah FL Zip Code 33010		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACOSTA, OSCAR 8900 SW 107TH AVENUE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY - ST - ZIP	482 Palm Ave Hialeah, FL 33010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPID Eneida Llanes 482 Palm Ave. Hialeah, FL 33010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	
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 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: <u>oscar Acosta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					