## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # P93000024445 05-04-2006 90252 013 \*\*\*150.00 CONTINENTAL REAL ESTATE COMPANIES CAPITAL GROUP, INC. Principal Place of Business Mailing Address 2121 Ponce de LEON BL 2665 S BAYSHORE DRIVE 2665 S BAYSHORE DRIVE 50018785 STE 1002 # 1250 <del>STE 1002 -- \*\* いとなり</del> MIAMI, FL 33133 US MIAMLEL 33133 US CORAL PABLES, 76 33134 CORAL 9 ABLES, 71.33134 No Chg-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 65-0401296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHATZ, RICHARD E DO NOT WRITE 150 W FLAGLER STREET #2200 MIAMI, FL 33130 IN THIS SPACE 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DΡ WEISER, WARREN NAME STREET ADDRESS 2665 S BAYSHORE DR, STE 1002 CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: (

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

**FILED**