

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90012 049 ***550.00

DOCUMENT # P97000028628

1. Entity Name
FIVE CONTINENTS, INC.



Principal Place of Business
601 BRICKELL KEY DRIVE
STE 805
MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DRIVE
STE 805
MIAMI, FL 33131

2. Principal Place of Business
ROBERT ALLEN LAW
Suite, Apt. #, etc.
1441 BRICKELL AVE # 1014

3. Mailing Address
ROBERT ALLEN LAW
Suite, Apt. #, etc.
1441 BRICKELL AVE # 1014

City & State
MIAMI, FL
Zip
33131

City & State
MIAMI, FL
Zip
33131

09242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0747055
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN & GALEGO
601 BRICKELL KEY DRIVE
STE 805
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
ROBERT ALLEN LAW
Street Address (P.O. Box Number is Not Acceptable)
1441 BRICKELL AVE SUITE 1014
City MIAMI FL Zip Code 33131

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: *Robert N. Allen, Jr., President* 9/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, F.S. 601 BRICKELL KEY DR #805 MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DIAZ, EL 601 BRICKELL KEY DR #805 MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N 601-BRICKELL KEY-DR #805 MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, F.S. 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DIAZ, EL 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Allen, Robert N. 1441 BRICKELL AVE. suite 1014 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Robert N. Allen, Jr.* 9/24/04 (305) 372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #