

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 / Mailing Address

601 BRICKELL KEY DRIVE
STE 805
MIAMI, FL 33131

2. Principal Place of Business / 3. Mailing Address

ROBERT ALLEN LAW
1441 BRICKELL AVE # 1014
MIAMI, FL

City & State / Zip / Country

MIAMI, FL
33131



09242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0747055

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

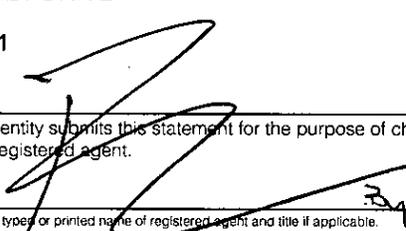
7. Name and Address of New Registered Agent

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** DATE: **9/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

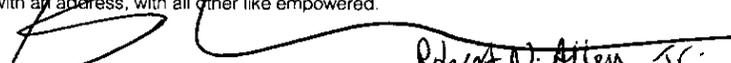
FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOPEZ, F.S.	
STREET ADDRESS: 1441 BRICKELL AVE, SUITE 1014	
CITY-ST-ZIP: MIAMI, FL 33131	
TITLE: VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIAZ, EL	
STREET ADDRESS: 1441 BRICKELL AVE, SUITE 1014	
CITY-ST-ZIP: MIAMI, FL 33131	
TITLE: SS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Allen, Robert N.	
STREET ADDRESS: 1441 BRICKELL AVE. SUITE 1014	
CITY-ST-ZIP: MIAMI, FL 33131	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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, Sr.** DATE: **9/24/04** (305) 372-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #