

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072267

FILED
Jun 02, 2004
Secretary of State

Entity Name: CONTINENTAL ADVISORS, INC.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
8 FLOOR
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DRIVE
8 FLOOR
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0781799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTELICES, LIDIA
6575 NE 96 AVE
OKEECHOBEE, FL 34972 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANTELICES, LIDIA
Address: 6575 NE 96 AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: DPST () Delete
Name: GONZALEZ, CLAUDIA
Address: 10356 SW 165 AVE
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: MEDEIROS, GILBERTO
Address: 9740 NW 29 STREET
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTELICES, LIDIA
Address: 6575 NE 96 AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA GONZALEZ

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06/02/2004

Electronic Signature of Signing Officer or Director

Date