

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072267

FILED
Jan 14, 2008
Secretary of State

Entity Name: CONTINENTAL ADVISORS, INC.

Current Principal Place of Business:

10356 SW 165 AVE.
MIAMI, FL 33196 US

New Principal Place of Business:

14008 S.W. 47TH LANE
MIAMI, FL 33175 US

Current Mailing Address:

10356 SW 165 AVE.
MIAMI, FL 33196 US

New Mailing Address:

9810 LINDEN MAY LANE
KATY, TX 77494 US

FEI Number: 65-0781799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CLAUDIA
10356 SW 165 AVE.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

GONZALEZ, CLAUDIA
14008 S.W. 147 TH LANE
MIAMI, FL 33175 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTELICES, LIDIA
Address: 10350 W BAY HARBOR DR. # 6A
City-St-Zip: BAY HARBOR ISL., FL 33154 US

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

Title: D.V () Delete
Name: MATOS, VIVIAN Z
Address: 14072 S.W. 48TH ST
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPST (X) Change () Addition
Name: GONZALEZ, CLAUDIA
Address: 14008 S.W. 47TH LANE
City-St-Zip: MIAMI, FL 33175 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

DPST

01/14/2008

Electronic Signature of Signing Officer or Director

Date