



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 047 ***150.00

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|--|---|---|--|--|---|
| DOCUMENT # V11364 1. Entity Name CONTINENTAL AMERICAS REALTY CORPORATION | | | |  | |
| Principal Place of Business 2255 GLADES RD STE 223A BOCA RATON, FL 33431 US | | | Mailing Address 2255 GLADES RD STE 223A BOCA RATON, FL 33431 US | | |
| 2. Principal Place of Business - No P.O. Box # 2255 GLADES ROAD | | 3. Mailing Address 2255 GLADES ROAD | |  | |
| Suite, Apt. #, etc. SUITE 234 WEST | | Suite, Apt. #, etc. SUITE 234 WEST | | | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | | | |
| Zip 33431 | | Zip 33431 | | | |
| Country USA | | Country USA | | 4. FEI Number 65-0349045 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MOMBACH, BOYLE & HARDIN BROWARD FINANCIAL CENTRE, STE. 1950 500 EAST BROWARD BLVD. FT. LAUDERDALE, FL 33394 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ORGANEK, EMANUEL 2255 GLADES RD STE 223A BOCA RATON, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2255 GLADES ROAD, #234 WEST BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST ORGANEK, BARBARA 2255 GLADES RD STE 2231 BOCA RATON, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2255 GLADES ROAD, #234 WEST BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | | 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 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: <u><i>Emanuel P. Pres</i></u> 4/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |