

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90023 038 \*\*\*150.00

40098563



<b>DOCUMENT # V40782</b> 1. Entity Name <b>CONTINENTAL EXTRUSION CORP.</b>					
Principal Place of Business <b>7530 N.W. 79TH STREET MEDLEY, FL 33166</b>			Mailing Address <b>7530 N.W. 79TH STREET MEDLEY, FL 33166</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>8209 N.W. 74th AV</b>			3. Mailing Address Suite, Apt. #, etc. <b>8209 N.W. 74th Av</b>		
City & State <b>Medley FL</b>			City & State <b>Medley FL</b>		
Zip <b>33166</b>			Zip <b>33166</b>		
Country <b>U.S.A.</b>			Country <b>U.S.A.</b>		
4. FEI Number <b>65-0339372</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>KIERSON, JACOB</b> <del>7530 N.W. 79TH STREET</del> <b>8209 NW 74th Av</b> <b>MEDLEY, FL 33166</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>KIERSON, JACOB</b> <del>7530 N.W. 79TH STREET</del> <b>8209 NW 74th Av</b> <b>MEDLEY, FL 33166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KIERSON, CELIA</b> <del>7530 N.W. 79TH STREET</del> <b>8209 NW 74th Av</b> <b>MEDLEY, FL 33166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KIERSON, MALCA</b> <del>7530 N.W. 79TH STREET</del> <b>8209 NW 74th AV</b> <b>MEDLEY, FL 33166</b>		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"/> Delete		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"/> Delete		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"/> 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 or without other like empowered.					
SIGNATURE: <b>JACOB KIERSON</b> <b>7/5/06</b> <b>305-888-6600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

CONTINENTAL EXTRUSION CORP.  
8209 NW 74th AVE.  
MEDLEY, FL 33166

40098563  
# V40788

JULY 6, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

TO WHOM IT MAY CONCERN:

THE DIVISION OF CORPORATION ANNUAL REPORT WAS NEVER RECEIVED  
PROBABLY BECAUSE IT WAS MAILED TO WRONG ADDRESS.

ON JANUARY 31st , 2005 WE HAVE MOVED TO THIS LOCATION, WHICH IS  
8209 N.W. 74th AVENUE, MEDLEY, FLORIDA 33166.

THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION.

  
JACOB KIERSON, PRES.

CONTINENTAL EXTRUSION CORP.

8209 NW 74th AVE.

MEDLEY, FL 33166 • 79th Street • Miami, Florida 33166 • Phone (305) 888-6600 • Fax (305) 888-2211 • Toll Free (800) 828-0165