

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90076 028 \*\*\*150.00

**DOCUMENT # 359532**

1. Entity Name  
**CONTINENTAL FIDELITY CORPORATION**



Principal Place of Business      Mailing Address

**777 ARTHUR GODFREY ROAD**      **777 ARTHUR GODFREY ROAD**  
**4TH FL**      **4TH FL**  
**MIAMI BEACH, FL 33140**      **MIAMI BEACH, FL 33140**

**34007073**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01272004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-2375337**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BALOGH, ROBERT</b> <b>777 ARTHUR GODFREY RD</b> <b>4TH FL</b> <b>MIAMI, FL 33140</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALOGH, ROBERT	NAME	
STREET ADDRESS	ONE GROVE ISLE	STREET ADDRESS	7 Tahiti Beach Island Drive
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Coral Gables, FL. 33143
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERDHEIM, JOAN BALOGH	NAME	
STREET ADDRESS	31 EAST 72ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALOGH, DAVID R.	NAME	
STREET ADDRESS	5255 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK R. RUBIN	NAME	
STREET ADDRESS	777 ARTHUR GODFEY RD., 4TH FL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_      **1/27/04**      **305-532-4355 # 106**

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