

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90235 014 ***150.00

DOCUMENT # 278655

1. Entity Name
CONTINENTAL ELECTRONIC WHOLESALE CORPORATION



Principal Place of Business
**1620 W 32ND PLACE
HIALEAH, FL 33012 US**

Mailing Address
**P.O. BOX 126163
HIALEAH, FL 33012 US**

54029987



2. Principal Place of Business
7940 SW 14 Terrace

3. Mailing Address
7940 SW 14 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-P

CR2E034 (10/03)

City & State
Miami

City & State
Miami

4. FEI Number
59-1053024

Applied For
Not Applicable

Zip
33144

Country
Miami-Dade

Zip
33144

Country
Miami-Dade

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

**MESTRE, FRANCISCO J
1620 W. 32ND PLACE
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable);

7940 SW 14 Terrace

City
Miami

FL

Zip Code
33144

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MESTRE, FRANCISCO J
1620 WEST 32 PLACE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7940 SW 14 Terrace
Miami, FL 33144** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ESPINOSA, HEBERTO
3804 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7940 SW 14 Terrace
Miami, FL 33144** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARBALLO, DELIA
1620 WEST 32 PLACE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7940 SW 14 Terrace
Miami, FL 33144** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MESTRE, ABEL ALBERTO
1620 WEST 32 PLACE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600 Grapetree Drive
Key Biscayne, FL 33149** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Francisco J MESTRE

04-06-2004 (305) 989904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #