


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 313932</b>	
1. Entity Name <b>CONTINENTAL ENTERPRISES OF AMERICA, INC.</b>	

Principal Place of Business <b>5200 SW 8TH ST., STE. 108 CORAL GABLES, FL 33134-2300</b>	Mailing Address <b>5200 SW 8TH ST., STE. 108 CORAL GABLES, FL 33134-2300</b>
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**DO NOT WRITE IN THIS SPACE**



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1160357</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**PERNAS, GUILLERMO A JR  
1025 OBISPO AVENUE  
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000111805 04/13/04-80035-011 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>PERNAS, GUILLERMO A JR</b>
NAME	<b>1025 OBISPO AVENUE</b>
STREET ADDRESS	<b>CORAL GABLES, FL</b>
CITY-ST-ZIP	
TITLE <b>SD</b>	<b>PERNAS JR, GUILLERMO A</b>
NAME	<b>1025 OBISPO AVE</b>
STREET ADDRESS	<b>CORAL GABLES, FL</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>PERNAS, FRANCISCO G</b>
NAME	<b>1025 OBISPO AVE</b>
STREET ADDRESS	<b>CORAL GABLES, FL 33134</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **PRESIDENT GUILLERMO A. PERNAS JR.** **4/5/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #