

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 313932**

1. Entry Name  
**CONTINENTAL ENTERPRISES OF AMERICA, INC.**



Principal Place of Business  
**5200 SW 8TH ST., STE. 108  
CORAL GABLES, FL 33134-2300**

Mailing Address  
**5200 SW 8TH ST., STE. 108  
CORAL GABLES, FL 33134-2300**



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1160357**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

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, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000314813  
04/19/05-80009-012 150.00**

**10. OFFICERS AND DIRECTORS**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRESIDENT GUILLERMO A. PERNAS JR. 4/12/2005 305-443-7683**