


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # 313932 1. Entity Name CONTINENTAL ENTERPRISES OF AMERICA, INC.	
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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
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02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1160357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERNAS, GUILLERMO A JR 1025 OBISPO AVENUE CORAL GABLES, FL 33134
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000663595 03/27/07-80075-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERNAS, GUILLERMO A JR 1025 OBISPO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNAS JR, GUILLERMO A 1025 OBISPO AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERNAS, FRANCISCO G 1025 OBISPO AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Guillermo A. Pernas Jr **Guillermo A. Pernas Jr** 3/9/2007 305-443-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #