

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT #F43551**  
 1. Entity Name  
 CONTINENTAL IMPORT SERVICE, INC.



Principal Place of Business 1015 E 28 ST. HIALEAH, FL 33013	Mailing Address 1015 E 28 ST. HIALEAH, FL 33013
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**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-P CR2E034 (10/03)

4. FBI Number 59-2049475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PACETTI, DANIEL  
 951 S.W. 95TH TERR.  
 PEMBROKE PINES, FL 33025

**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 rechartering) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

U00000100788  
 04/01/04-80020-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PACETTI, DANIEL E 951 S.W. 95TH TERR. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PACETTI, LYNDA D 951 S.W. 95TH TERR. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PACETTI, DANIEL E 951 S.W. 95TH TERR. PEMBROKE PINES, FL
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 exemption stated in Section 119.07(3)(f), 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: *Lynda D Pacetti* Lynda D Pacetti 3/26/04 305-693-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #