


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000068638 1. Entity Name CONTINENTAL REFRIGERATED TRANSPORT, INC.	
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Principal Place of Business 14844 LAGUNA BEACH CIR ORLANDO FL 32824 US	Mailing Address PO BOX 590025 ORLANDO FL 32859
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-3657200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, ANTONIO P 14844 LAGUNA BEACH CIR ORLANDO FL 32824	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE PT	NAME FERNANDEZ, ANTONIO P	
STREET ADDRESS 14844 LAGUNA BEACH CIR	CITY- ST- ZIP ORLANDO FL 32824	
TITLE VPS	NAME TORRES, HERMINIA M	<input type="checkbox"/> Delete
STREET ADDRESS 14844 LAGUNA BEACH CIR	CITY- ST- ZIP ORLANDO FL 32824	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		

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 ANTONIO FERNANDEZ *Antonio Fernandez* Date 1-20-05 (321) 231-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #