

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90277 023 \*\*\*163.75



**DOCUMENT # P0000068638**  
 1. Entity Name  
**CONTINENTAL REFRIGERATED TRANSPORT, INC.**

Principal Place of Business Mailing Address  
**14844 LAGUNA BEACH CIR PO BOX 590025**  
**ORLANDO FL 32824 ORLANDO FL 32859**  
**US**



2. Principal Place of Business 3. Mailing Address  
**S939 LEE VISTA BLVD P. O. BOX 590025**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**102**

1st MOORE CR2E034 (10/05)

City & State **Orlando, FL** City & State **Orlando, FL**

4. FEI Number **59-3657200** Applied For  
 Not Applicable

Zip **32822** Country Country  
**32859**

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

6. Name and Address of Current Registered Agent  
**FERNANDEZ, ANTONIO P**  
**14844 LAGUNA BEACH CIR**  
**ORLANDO FL 32824**

7. Name and Address of New Registered Agent  
 Name **ANTONIO P. FERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**S939 LEE VISTA BLVD APT 102**  
 City **Orlando** **FL** Zip Code **32822**

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Antonio Fernandez* 1-29-06 (321) 231-5751  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #