

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

14844 LAGUNA BEACH CIR
 ORLANDO FL 32824
 US

Mailing Address

PO BOX 590025
 ORLANDO FL 32859



2. Principal Place of Business

S939 LEE VISTA BLVD
 Suite, Apt. #, etc.
 102

3. Mailing Address

P. O. BOX 590025
 Suite, Apt. #, etc.

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

Zip

32859

Country

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

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, 2006 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06 (321) 231-5751
 Date Daytime Phone #