

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078835

FILED  
Jul 16, 2009  
Secretary of State

**Entity Name:** CONTINENTAL CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

11601 BISCAYNE BLVD STE 212  
N MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11601 BISCAYNE BLVD STE 212  
N MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 65-1033863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, ROBERTO  
561 NE 79TH ST., #205  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARTINEZ, ROBERTO  
Address: 561 NE 79TH ST #204  
City-St-Zip: MIAMI, FL 33138

Title: DVP ( ) Delete  
Name: ZAPATA, MONICA  
Address: 561 NE 79TH ST #204  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MARTINEZ, ROBERTO  
Address: 11601 BISCAYNE BLVD. #212  
City-St-Zip: MIAMI, FL 33181

Title: DVP (X) Change ( ) Addition  
Name: ZAPATA, MONICA  
Address: 11601 BISCAYNE BLVD. #212  
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO MARTINEZ

DP

07/16/2009

Electronic Signature of Signing Officer or Director

Date