


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90286 004 \*\*\*150.00

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<b>DOCUMENT # P01000032629</b> 1. Entity Name <b>CONTINENTAL SERVICES &amp; CARRIER INC.</b>			
Principal Place of Business <b>8201 NW 64 ST BAY #5 MIAMI, FL 33166</b>		Mailing Address <b>8201 NW 64 ST BAY #5 MIAMI, FL 33166</b>	
2. Principal Place of Business <b>8239 NW 68 ST</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State	
Zip <b>33027</b>		Country <b>Dele.</b>	
4. FEI Number <b>65-1093596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>LUCIANI, RODOLFO 12701 SW 49 CT MIRAMAR, FL 33027</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Rodolfo Luciani</i></u> DATE <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCIANI, RODOLFO 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MIRTHA 12701 SW 49 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	
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.			
<b>SIGNATURE:</b> <u><i>Rodolfo Luciani</i></u>		Date <u>4/30/05</u> Daytime Phone # <u>305-4638841</u>	