

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032629

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** CONTINENTAL SERVICES & CARRIER INC.

**Current Principal Place of Business:**

5579 NW 72 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

6045 NW 87 AVE  
MIAMI, FL 33178

**Current Mailing Address:**

12701 SW 49 CT  
HOLLYWOOD, FL 33027

**New Mailing Address:**

6045 NW 87 AVE  
MIAMI, FL 33178

**FEI Number:** 65-1093596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCIANI, RODOLFO  
12701 SW 49 CT  
MIRAMAR, FL 33027 US

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

LUCIANI, RODOLFO  
6045 NW 87 AV  
MIAMI, FL 33178 US

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: RLUCIANI

01/19/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LUCIANI, RODOLFO  
Address: 12701 SW 49 CT  
City-St-Zip: MIRAMAR, FL 33027

Title: PD ( ) Delete  
Name: LOPEZ, MIRTHA  
Address: 12701 SW 49 CT  
City-St-Zip: MIRAMAR, FL 33027

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

Title: VD (X) Change ( ) Addition  
Name: LUCIANI, RODOLFO  
Address: 6045 NW 87 AVE  
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, MIRTHA  
Address: 6045 NW 87 AVE  
City-St-Zip: MIAMI, FL 33178

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: MIRTHA LOPEZ

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date