

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072154

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: AMERICAN CONTINENTAL ENTERPRISES INC.

**Current Principal Place of Business:**

3557 NW 31 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3557 NW 31 STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 01-0733631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUINONES, ANTONIO  
3557 NW 31 STREET  
MIAMI, FL 33142 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: QUINONES, CARLOS  
Address: 3557 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33142

Title: P ( ) Delete  
Name: QUINONES, ANTONIO  
Address: 3557 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: CONTINAS, LAZARO  
Address: 3557 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33142

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

Title: P (X) Change ( ) Addition  
Name: QUINONES, CARLOS  
Address: 3557 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Change ( ) Addition  
Name: QUINONES, ANTONIO  
Address: 3557 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS QUINONES

P

03/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date