2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/1:

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-13-2004 90008 002 ***150.00

DOCUMENT # P03000130133

1. Entity Name
5 CONTINENTES TRADE & TRANSPORT, INC.

Principal Place of Business	Mailing Address
8170 NW 66TH ST. MIAMI, FL 33166	8170 NW 66TH ST. MIAMI, FL 33166

05102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2800 GLADES CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE E-102	
City & State		City & State WESTON, FLORIDA	
Zip	Country	Zip 33327	Country

4. FEI Number 20-0384845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIOS, LEOPOLDO G 1800 W. 49TH ST., STE. 301 HIALEAH, FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) 2800 GLADES CIRCLE SUITE E-102 City WESTON FL Zip Code 33327

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] 04/30/2004
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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ INTHAMOUSSU, OSVALDO E		NAME	
STREET ADDRESS	8170 NW 66TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, RICARDO H		NAME	
STREET ADDRESS	8170 NW 66TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

SIGNATURE: By: [signature] 04/30/2004 (954) 515-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #