2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000053570 CONTINENTAL FREIGHT, INC. Mailing Address Principal Place of Business 2149 N W 79TH AVENUE 2149 N W79THAVENLE . MAM, FL 33122 US MAM, FL 33122 US 04112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0506937 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROBERTO HELCER 2149 NW 79TH AVENUE MIAMI, FL 33122

FILED Apr 17, 2006 08:00 AN **Secretary of State**

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CR2E034 (11/05)

Applied For Not Applicat.

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or, i	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Sprictored	Agent signatur	e required when reinstating)	DATE	
	Signature, typed or printed name or registered agent and one in	аррисация. (19032. педилеч	Agont arginatur	e reduced where existing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	######################################	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELCER, ROBERTO 2149 NW 79TH AVENUE MIAMI, FL			<u>-</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplier equal 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: