2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070032

City-St-Zip:

MIAMI, FL 33129

Entity Name: CONTINENTAL EXPRESS HOLDINGS CORP.

FILED Apr 25, 2005 Secretary of State

		INTRE EXTREME	, 0014			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:		
	CE DE LEON		2100 PONCE DE	LEON		
#111 CORAL G/	ABLES, FL 33	124 US	#111 CORAL GABLES	, FL 33134 US		
Current M	lailing Addres	s:	New Mailing Ad	dress:		
	CE DE LEON		2100 PONCE DE	LEON		
#111 CORAL G <i>i</i>	ABLES, FL 33	124 US	#111 CORAL GABLES	, FL 33134 US		
FEI Number:	: 65-0774256	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Addre	Name and Address of New Registered Agent:		
MOURA, DELMO 2100 PONCE DE LEON BLVD			2100 PONCE DE	MOURA, DELMO 2100 PONCE DE LEON BLVD		
#111 CORAL GABLES, FL 33124 US			#111 CORAL GABLES	CORAL GABLES, FL 33134 US		
	named entity s e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both	,	
SIGNATUF	RE:			04/25/2005		
	Electron	ic Signature of Registered Ag	ent	Date	•	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DE MOURA, DE	L AVE, APR 1401	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MOURA, IVONE	L AVE, APR 1401	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VPD () MOURA, BIANC 2451 BRICKELI		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: BIANCA MOURA **VPD** 04/25/2005