

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070032

FILED
Jan 10, 2007
Secretary of State

Entity Name: CONTINENTAL EXPRESS HOLDINGS, CORP.

Current Principal Place of Business:

2100 PONCE DE LEON
#111
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON
#111
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0774256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURA, IVONEA
2100 PONCE DE LEON BLVD
#111
CORAL GABLES, FL 33134 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: VP () Delete
Name: MOURA, BIANCA
Address: 2451 BRICKELL AVE, APT 1A
City-St-Zip: MIAMI, FL 33129 US

Title: P, T () Delete
Name: MOURA, IVONEA
Address: 1541 BRICKELL AVE, APT 1401
City-St-Zip: MIAMI, FL 33129 US

Title: DIR (X) Delete
Name: MOURA, ALESSANDRA C
Address: 1415 EAST 4TH STREET #7
City-St-Zip: LONG BEACH, CA 90802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOURA, DELMO
Address: 1541 BRICKELL AVE, APT 1401
City-St-Zip: MIAMI, FL 33129 US

Title: S, T (X) Change () Addition
Name: MOURA, IVONEA
Address: 1541 BRICKELL AVE, APT 1401
City-St-Zip: MIAMI, FL 33129 US

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 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: IVONEA MOURA

S

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date