## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90429 001 \*\*\*150.00 DOCUMENT # P98000080356 1. Entity Name CONTINENTAL EXPORT, CORP. Principal Place of Business Mailing Address 9485 SW 72 ST. 9485 SW 72 ST. A277 A277 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 65-0863709 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHUQUIMBALQUI, VICTOR R Street Address (P.O. Box Number is Not Acceptable) 9485 SW 72 ST. MIAMI, FL 33173 Zip Code City FL8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change □ Addition CHUQUIMBALQUI, VICTOR NAME NAME 9485 SW 72 ST., A277 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33173 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition CHUQUIMBALQUI, DORA B NAME STREET ADDRESS 9485 SW 72 ST., A277 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHUQUIMBALQUI, OLIVE M NAME NAME STREET ADDRESS 9485 SW 72 ST., A277 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 exemptions contained 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 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.

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SIGNATURE:

FILED