


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000773					
1. Entity Name PREMIUM CARGO, LLC					
Principal Place of Business 8248 N.W. 68TH ST. MIAMI FL 33166			Mailing Address 8248 N.W. 68TH ST. MIAMI FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>65-0984473</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
XIQUES, ALBERT J ESQ. 1000 BRICKELL AVE. SUITE 660 MIAMI FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	U00000039849 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/09/04-80024-006 55.00		
NAME	PEREZ-RODRIGUEZ, ROQUE A	NAME			
STREET ADDRESS	8248 NW 68TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIBAJA-PENA, JEANNINA	NAME			
STREET ADDRESS	8248 NW 68TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDUARDO, BERROCAL	NAME			
STREET ADDRESS	8248 NW 86 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



MOORE CR2E083 (11/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* 02-02-04. (305) 4706396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #