

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000773

Entity Name: PREMIUM CARGO, LLC

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

8248 N.W. 68TH ST.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8248 N.W. 68TH ST.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0984473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPP, DIPP & ASSOCIATES, INC.
3900 NW 79TH AVE.
SUITE 443
DORAL, FL 33166 US

Name and Address of New Registered Agent:

DIPP, DIPP & ASSOCIATES, INC.
4005 NW 114 TH AVE
SUITE 5
DORAL, FL 33178 US

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:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ-RODRIGUEZ, ROQUE A
Address: 8248 NW 68TH ST
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: SIBAJA-PENA, JEANNINA
Address: 8248 NW 68TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: FERNANDEZ, SANDRA N
Address: 8248 N.W. 68TH ST.
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FERNANDEZ SANDRA NOEMI

MGRM

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date