


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 017 ***150.00

DOCUMENT # M62523 1. Entity Name AMERICAN CARGO INTERNATIONAL, INC.					
Principal Place of Business 1303 NW 78 AVE MIAMI, FL 33126 US			Mailing Address 1303 NW 7 AVE MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1303 NW 78 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Doral, FL 33126		4. FEI Number 65-0101467	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J LUIS QUINTANA 338 MINORCA AVE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature not used when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P RAMIREZ, RICARDO 9755 NW 32 ST MIAMI, FL 33172		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVP MORELLI, OTTO 12301 SW 2ND ST PLANTATION, FL 33325		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP MOLINA, MARISOL 2805 SW 144 PL MIAMI, FL 33175		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS QUINTANA, ALINA 1303 NW 78 AVE. DORAL, FL 33126		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)		<input type="checkbox"/> Delete		
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.			SIGNATURE: <i>Ricardo Ramirez</i> 2/12/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		