


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90072 016 ***150.00

DOCUMENT # P01000011266

1. Entity Name
MIAMI CARGO LOGISTICS, INC.



Principal Place of Business
7370 NW 36TH STREET
319-1
MIAMI, FL 33166

Mailing Address
7370 NW 36TH STREET
319-1
MIAMI, FL 33166

2. Principal Place of Business
2801 N.W. 74th Ave.

3. Mailing Address
2801 N.W. 74th Ave.

Suite, Apt. #, etc.
106


City & State
Miami, FL.

City & State
Miami, FL.

Zip
33122

Country
U.S.A.

44023100



03082004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1072135

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

5. Name and Address of Current Registered Agent

DEL CARMEN COTO, MARIA
9700 HAMMOCKS BLVD SUITE 101
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
Luis F. Gomez

Street Address (P.O. Box Number is Not Acceptable)
2801 N.W. 74th Ave.

106

City
Miami

FL

Zip Code
33122

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  **Luis F. Gomez** DATE **04-14-04**

Signature of typewriter, typed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

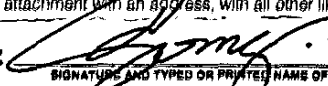
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEL CARMEN COTO, MARIA 9700 HAMMOCKS BLVD SUITE 101 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOMEZ, LUIS F 9700 HAMMOCKS BLVD SUITE 101 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Luis F. Gomez 2801 N.W. 74 Ave #106 Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Luis F. Gomez** DATE **04-14-04** (305) 500-9044

Signature and typed or printed name of signing officer or director. Date Daytime Phone #