


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90010 019 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000042286</b>                   |  |  |
| 1. Entity Name<br>U.S.A. CARGO ENTERPRISE, CORP. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>3039 NW 95TH TERR.<br>MIAMI, FL 33147 | Mailing Address<br>3039 NW 95TH TERR.<br>MIAMI, FL 33147 |
|--|--|

**54022632**

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>8160 GENEVA CT.</b> | 3. Mailing Address<br><b>8160 GENEVA CT.</b> |
| Suite, Apt. #, etc.<br><b>BLDG. A 104</b>                | Suite, Apt. #, etc.<br><b>BLDG A 104</b>     |
| City & State<br><b>DADE CITY FL.</b>                     | City & State<br><b>DADE CITY</b>             |
| Zip<br><b>33166</b>                                      | Country<br><b>U.S.A.</b>                     |

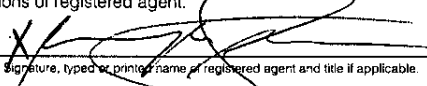


03192004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>35-2202421</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

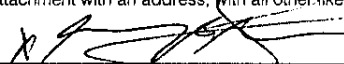
|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>CASTRO, CARLOS E<br>3039 NW 95TH TERR.<br>MIAMI, FL 33147 |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>CARLOS CASTRO E.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8160 GENEVA CT. Bldg. A 104</b><br>City <b>DADE CITY</b> FL Zip Code <b>33166</b> |  |
|---|--|

|   |  |
|---|--|
| 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    | <b>CARLOS, CASTRO.</b> 3/19/04.<br>(NOTE: Registered Agent signature required when reinstating) DATE |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CASTRO, CARLOS E<br>3039 NW 95TH TERR.<br>MIAMI, FL 33147 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DD<br>CASTRO, CARLOS E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8160 GENEVA, CT. Bldg. A 104<br>DADE CITY, FL. 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SAGASTEGUI, ADOYLA S<br>3039 NW 95TH TERR.<br>MIAMI, FL 33147 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>CASTRO, CARLOS, E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8160 GENEVA CT. Bldg. A 104<br>DADE CITY, FL. 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   | PRESIDENT CASTRO, CARLOS 3/19/04 305441 7912<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |