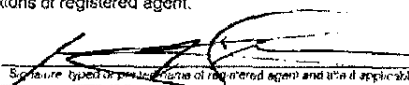
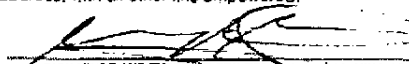


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000042286					
1. Entity Name U.S.A. CARGO ENTERPRISE, CORP.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 15462 SW 18 St			3. Mailing Address 15462 SW 18 St		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL		City & State Miami, FL		4. FEI Number 35-2202421	
Zip 33185		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name CASTRO, CARLOS E	
				Street Address (P.O. Box Number is Not Acceptable)	
				15462 SW 18 St	
City Miami, FL				Zip Code 33185	
				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: 				DATE: 02/10/06	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State				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	CASTRO, CARLOS E 15462 SW 18 St Miami, FL 33185			TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000435280 02/25/06-80035-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAGASTEGUI, ADOYLA S 15462 SW 18 St Miami, FL 33185			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE: 02/10/06 (305) 220-0743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Name Daytime Phone #	

CR2E0346 (12/02)