

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021510

1. Entity Name
RV EXPRESS CARGO, INC.



Principal Place of Business
4711 NW 72 AVENUE
MIAMI, FL 33166

Mailing Address
4711 NW 72 AVENUE
MIAMI, FL 33166

05 MAY -2 PM 2:51

FILED
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162005

Chg-P

CR2E034 (10/03)

05

City & State

City & State

4. FEI Number
200678784

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, CARLOS L
818 NW 126 DR
CORAL SPRING, FL 33071

Name
Betancourt, Carlos J
Street Address (P.O. Box Number is Not Acceptable)
1540 NW 126 Dr. Apt. 108
Sunrise, FL 33323

City Sunrise

FL

Zip Code
33323

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BETANCOURT, CARLOS L
STREET ADDRESS 818 NW 126 DR
CITY-ST-ZIP MIAMI, FL 33071 ☒ Delete

TITLE P
NAME Betancourt, Carlos J
STREET ADDRESS 1540 NW 126 DR. Apt. 108
CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05

Date

305.3354550

Daytime Phone #

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