

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90003 029 ***150.00

DOCUMENT # P04000109708 1. Entity Name INTERNATIONAL CARGO AGENCY, INC.					
Principal Place of Business P.O. BOX 227036 MIAMI, FL 33122			Mailing Address P.O. BOX 227036 MIAMI, FL 33122		
2. Principal Place of Business 8399 NW 66 ST Suite, Apt. #, etc. #5			3. Mailing Address 8399 NW 66 ST Suite, Apt. #, etc. 5		
City & State MIAMI FLA			City & State MIAMI FLA		
Zip 33166		Country USA		Zip 33166	
Country USA		Country USA		4. FEI Number 20-1589705	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, MARTHA L 6540 NW 114 AVE APT 1438 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8399 NW 66 ST #5 City MIAMI FL Zip Code 33166	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, MARTHA L 6540 NW 114 AVE APT 1438 MIAMI, FL 33178		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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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 a power like empowered.					
SIGNATURE: _____ SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/23/05 Daytime Phone #: 305-716-0857		

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