

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157050

FILED  
Aug 16, 2006  
Secretary of State

Entity Name: CARGA Y SIA OF FLORIDA, INC.

**Current Principal Place of Business:**

11155 NW 33RD STREET  
MIAMI, FL 33172 US

**New Principal Place of Business:**

10300 NW 19 TH ST  
MIAMI, FL 33172 US

**Current Mailing Address:**

11155 NW 33RD STREET  
MIAMI, FL 33172 US

**New Mailing Address:**

10300 NW 19 TH ST  
MIAMI, FL 33172 US

FEI Number: 20-1935615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALFELD, GARY D  
8420 NW 52ND STREET  
107  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVPS ( ) Delete  
Name: LARA, HELMAN  
Address: 808 VISTA MEADOWS DRIVE  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELMAN LARA

PVPS

08/16/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date