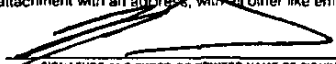


2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/5

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90041 050 ***158.75

DOCUMENT # P06000115705 1. Entity Name MISSION CARGO MANAGEMENT, INC.					
Principal Place of Business 5600 NW 36TH ST. SUITE 103 MIAMI, FL 33159			Mailing Address PO BOX 526241 MIAMI, FL 33152		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-5590936			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDREWS, ERIC L 10245 SW 154 PLACE UNIT 101 MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 substituting) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, ERIC L 10245 SW 154 PLACE UNIT 101 MIAMI, FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUÑOZ, OLGA L 1270 NE 42 AVE HOMESTEAD, FL 33033	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, SILVIA 3220 NW 18 TERR MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			3-28-07 3058742500 Date Daytime Phone #		

66011610

