

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 585441

1. Entity Name
IDEAL CARGO SERVICES, INC.



Principal Place of Business
**2050 NW 93RD AVE.
MIAMI, FL 33172**

Mailing Address
**2050 NW 93RD AVE.
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-F CR2E034 (11/05)

4. FEI Number
59-1841813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEDRAZA, MARIA CRISTINA
2070 S.W. 139TH COURT
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | TS |
| NAME | CRUZ, MARIA E |
| STREET ADDRESS | 2071 S.W. 139TH CT. |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | P |
| NAME | PEDRAZA, MARIA CRISTINA |
| STREET ADDRESS | 2070 S.W. 139TH COURT |
| CITY-ST-ZIP | MIAMI, FL 00000. |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/20/06-80035-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/03/06

Date

(305) 592-8365

Daytime Phone #