

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 048 ***150.00

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1. Entity Name
CARGOZA FORWARDING CORPORATION



Principal Place of Business
**8550 W. FLAGLER ST
MIAMI, FL 33144 US**

Mailing Address
**8550 W. FLAGLER ST
MIAMI, FL 33144 US**

60023153



2. Principal Place of Business - No P.O. Box #

8550 W. Flagler St
Suite, Apt. #, etc.
#111

3. Mailing Address

8550 W. Flagler St
Suite, Apt. #, etc.
#111

02012008 Chg-P CR2E034 (12/06)

City & State

MIAMI

City & State

MIAMI

4. FEI Number
59-1951355

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ZAMORA, YOLANDA
8550 W. FLAGLER ST 111
MIAMI, FL 33144

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SVP** ☐ Delete
NAME **ZAMORA, IVANNIA R**
STREET ADDRESS **1141 ORIOLE AVENUE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **PD** ☐ Delete
NAME **ZAMORA, YOLANDA**
STREET ADDRESS **1141 ORIOLE AVE.**
CITY-ST-ZIP **MIAMI SPRINGS, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Yolanda Zamora President

2/6/08

305-888-7359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #