

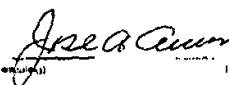
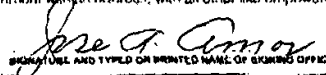
Jul 07 06 02:23p

Global Cargo Brokers

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 032 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 710750																																																																																				
1. Entity Name: BROADWATER BEACH ARMS I, INC.																																																																																				
Principal Place of Business: 6490 COLLINS AVENUE MIAMI BEACH, FL 33141		Mailing Address: 6490 COLLINS AVENUE MIAMI BEACH, FL 33141																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																		
State, Apt. #, etc.		State, Apt. #, etc.																																																																																		
City & State		City & State																																																																																		
Zip		Zip																																																																																		
Country		Country																																																																																		
4. FEI Number 59-0895649		Applied For Not Applicable																																																																																		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent AMOR, JOSE A 6490 COLLINS AV. APT. 12-A MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name: JOSE A. AMOR Street Address (P.O. Box Number is Not Acceptable): 6490 COLLINS AVE APT 12-B City: MIAMI BEACH State: FL Zip: 33141																																																																																		
8. I have always formed entity and made 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:  JOSE A. AMOR 7-6-06																																																																																				
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																		
Make check payable to Florida Department of State																																																																																				
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																		
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>NAME</td> <td>NAVIA, SILVIA H</td> <td>STREET ADDRESS</td> <td>6490 COLLINS AVE #1</td> <td>CITY ST ZIP</td> <td>MIAMI, FL 33144</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>NAME</td> <td>NAVIA, CARICAO</td> <td>STREET ADDRESS</td> <td>11032 SW 25 ST</td> <td>CITY ST ZIP</td> <td>MIAMI, FL 33165</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>NAME</td> <td>AMOR, JOSE A</td> <td>STREET ADDRESS</td> <td>6490 COLLINS AVE APT 12-B</td> <td>CITY ST ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>NAME</td> <td>SAYAS, SASHA M</td> <td>STREET ADDRESS</td> <td>6490 COLLINS AVE APT B</td> <td>CITY ST ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td>ALVAREZ, JESUS</td> <td>STREET ADDRESS</td> <td>6490 COLLINS AVE # 18</td> <td>CITY ST ZIP</td> <td>MIAMI, FL 33141</td> <td>☐ Delete</td> </tr> </table>		TITLE	PD	NAME	NAVIA, SILVIA H	STREET ADDRESS	6490 COLLINS AVE #1	CITY ST ZIP	MIAMI, FL 33144	☐ Delete	TITLE	VD	NAME	NAVIA, CARICAO	STREET ADDRESS	11032 SW 25 ST	CITY ST ZIP	MIAMI, FL 33165	☐ Delete	TITLE	SD	NAME	AMOR, JOSE A	STREET ADDRESS	6490 COLLINS AVE APT 12-B	CITY ST ZIP	MIAMI BEACH, FL 33141	☐ Delete	TITLE	S	NAME	SAYAS, SASHA M	STREET ADDRESS	6490 COLLINS AVE APT B	CITY ST ZIP	MIAMI BEACH, FL 33141	☐ Delete	TITLE	D	NAME	ALVAREZ, JESUS	STREET ADDRESS	6490 COLLINS AVE # 18	CITY ST ZIP	MIAMI, FL 33141	☐ Delete	<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY ST ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td>CARLOS HERNANDEZ</td> <td>STREET ADDRESS</td> <td>6490 COLLINS AVE APT #1</td> <td>CITY ST ZIP</td> <td>MIAMI BEACH FL 33141</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY ST ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY ST ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE		NAME		STREET ADDRESS		CITY ST ZIP		☐ Change ☐ Addition	TITLE		NAME	CARLOS HERNANDEZ	STREET ADDRESS	6490 COLLINS AVE APT #1	CITY ST ZIP	MIAMI BEACH FL 33141	☐ Change ☐ Addition	TITLE		NAME		STREET ADDRESS		CITY ST ZIP		☐ Change ☐ Addition	TITLE		NAME		STREET ADDRESS		CITY ST ZIP		☐ Change ☐ Addition
TITLE	PD	NAME	NAVIA, SILVIA H	STREET ADDRESS	6490 COLLINS AVE #1	CITY ST ZIP	MIAMI, FL 33144	☐ Delete																																																																												
TITLE	VD	NAME	NAVIA, CARICAO	STREET ADDRESS	11032 SW 25 ST	CITY ST ZIP	MIAMI, FL 33165	☐ Delete																																																																												
TITLE	SD	NAME	AMOR, JOSE A	STREET ADDRESS	6490 COLLINS AVE APT 12-B	CITY ST ZIP	MIAMI BEACH, FL 33141	☐ Delete																																																																												
TITLE	S	NAME	SAYAS, SASHA M	STREET ADDRESS	6490 COLLINS AVE APT B	CITY ST ZIP	MIAMI BEACH, FL 33141	☐ Delete																																																																												
TITLE	D	NAME	ALVAREZ, JESUS	STREET ADDRESS	6490 COLLINS AVE # 18	CITY ST ZIP	MIAMI, FL 33141	☐ Delete																																																																												
TITLE		NAME		STREET ADDRESS		CITY ST ZIP		☐ Change ☐ Addition																																																																												
TITLE		NAME	CARLOS HERNANDEZ	STREET ADDRESS	6490 COLLINS AVE APT #1	CITY ST ZIP	MIAMI BEACH FL 33141	☐ Change ☐ Addition																																																																												
TITLE		NAME		STREET ADDRESS		CITY ST ZIP		☐ Change ☐ Addition																																																																												
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 exemptions contained in Chapter 110, Florida Statutes. I further certify that the information submitted 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 secretary of the corporation, and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all other like empowered.																																																																																				
SIGNATURE:  JOSE A. AMOR		DATE: 7-6-06 305-868-9119																																																																																		