2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # F01000002000

1. Entity Name

## CARGO TRANSPORT CORPORATION OF DELAWARE



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Plac	e of Business		Mailing Address								
651 SOUTH COLLIER BLVD PO BOX 2322 SUITE 24 MARCO ISLAND FL 34146 MARCO ISLAND FL 34145					-						
2. Principal P	Place of Business - No P	O. Box #	3. Mailing Address				ENER IIII RAIRI CIDI) DEM SALI			##(1943 t) (##)	
Suite, Apt. #, etc.			Suite, Apt. #, etc			15	1st MOORE CR2E034 (10/07)				
City & State			City & State			4. FEI Numb	38-2427679			Applied For Not Applicable	
Zip Country			Zip	Country		5. Certificate	e of Status Desired		\$8.75 A		
6. Name and Address of Current			Registered Agent			7. Name and	nd Address of New Registered Ager			nt	
					Name						
651	WBOURNE, M J SOUTH COLLIER	BLVD			Street Address (P.O. Box Number is Not Acceptable)						
	TE 2H RCO ISLAND FL 3										
			BURGARRADE I I I I I I I I I I I I I I I I I I I		City			FL	Zip Co		
	e named entity submits the tions of registered agent.	s statement for it	ne purpose of changing its	s registere	d office or	registered agent, or pr	otn, in the State of FI	orida. I am	familiar wit	h, and accept	
SIGNATURE	Signature, typed or printed herea	of rea sinrad agent and	the Lumpicable (NO	TE Registered	) Aged agnetu	ne veritinaa, wusen veinstaljin dir	-	DATE		<del></del>	
	ATTACA TANDAR FRANCIS	21223233333				***************************************	1				
After	ILE NOW!!! FEE IS May 1, 2008 Fee Will k Payable to Florida D	Be \$550.00					9. Election Camp Trust Fund Cor	-		5.00 May Be ided to Fees	
10. OFFICERS AND DIRECTORS						ADDITIONS	L S/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 11	
TITLE	Р		☐ Derete	11. TITLE		-	.,		☐ Changa		
NAME	NEWBOURNE, M J		_ 50.000	NAME							
STREET ADDRESS	PO BOX 2322			STREE	ET ADDRESS						
CITY-ST-ZIP	MARCO ISLAND FL 3	4146		CITY-	ST-ZIP			- <b>-</b>			
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CITY-ST-ZIP	1			CHY-	ST ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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 DIRECTO

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Day: na Phore #