2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 03, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # F23779 1. Entity Name ROYAL INTERNATIONAL CARGO, INC.							04-03-2006 90381 045 ***158.75				
Principal Place of Business 5457 NW 72ND AVENUE MIAMI, FL 33166				lailing Address 5457 NW 72ND AVENU MAMI, FL 33166				. •	•		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.			03202006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Number 59-2088			No	plied For t Applicable	
Zip	Country			Zip	Coun	try	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Nam							7. Name and Address of New Registered Agent				
DIAZ, YOLANDA R 5457 NW 72ND AVENUE MIAMI, FL 33166						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 litle it 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 Added to Fees											
10.	OFFICERS AN			CTORS		ADDITIONS/0	CHANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OS, REBECA H 1. 161 STREET - 33157		□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Detete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			☐ Delete	CITY	E Et address -St-Zip				☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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											