2006 FOR PROFIT CORPORATION

Apr 10, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F65007 CARGORAMA FREIGHT FORWARDERS, INC. Principal Place of Business Mailing Address 5220 NW 72ND AVE 5220 NW 72ND AVE MIAMI, FL 33166 US MIAMI, FL 33166 US 04052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2156420 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSKOVITZ, RAUL DO NOT WRITE 5220 NW 72ND AVE **BAY #11** IN THIS SPACE MIAMI, FL 33166 6. 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and fills it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MOSKOVITZ, RAUL STREET ADDRESS 5220 NW 72ND AVE #11 CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME U00000498903 04/24/06 80004-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP 71TLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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.

NAME STREET ADDRESS CITY-ST-ZIP

AND TUBE WHO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED