


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90108 041 ***150.00

DOCUMENT # F97000002513	
1. Entity Name GAVA INTERNATIONAL FREIGHT CONSOLIDATORS (U.S.A.), INC.	

Principal Place of Business 7925 NW 12TH ST STE 111 MIAMI, FL 33126	Mailing Address 2110 ESTES AVENUE ELK GROVE VILLAGE, IL 60007
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50003110

2. Principal Place of Business 2151 NW 79TH AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33122	Country US



01052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MASSIMO CACACE 7925 NW 12TH STREET STE 111 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name MASSIMO CACACE Street Address (P.O. Box Number is Not Acceptable) 5113 NW 114TH place City DORAL FL Zip Code 33178	
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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 *Massimo CACACE* (MASSIMO CACACE) 01/10/2005
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GAZZETTA, PINO VIA VERGA N. 12, CORMANO (MILANO) ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF CACACE, MASSIMO 7925 NW 12TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CACACE, MASSIMO 5113 NW 114TH PLACE DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANNUCCI, FABIO VIA SAVONA N 92 MILANO, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNUCCI, LAURA VIA VAL DI BONDO 21 MILANO, ITALY, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI MALTA DAVIDE 300 MERRICK ROAD LYNBROOK, NY 11563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Massimo CACACE* 01/10/2005 (305) 470-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #