
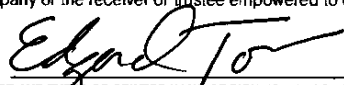


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90017 026 \*\*\*\*55.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L00000005266</b><br>1. Entity Name<br><b>TAN CARGO SERVICES, LLC</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>7215 NORTHWEST 41ST STREET, BAY L<br/>MIAMI, FL 33166</b>   |   |  | Mailing Address<br><b>7215 NORTHWEST 41ST STREET, BAY L<br/>MIAMI, FL 33166</b>   |   |  |
| 2. Principal Place of Business<br><b>7215 NW 41ST. BAY E</b>  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.<br><b>MIAMI</b>   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>FL</b>   |   | City & State   |   |   |  |
| Zip<br><b>33166</b>   |   | Country<br><b>DADE</b>                                       |   | Zip   |  |
| Country   |   | 4. FEI Number<br><b>65-1007378</b>                           |   |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  |   | Applied For<br>Not Applicable   |  |
| <b>\$5.00 Additional Fee Required</b>   |   |  |   |   |  |
| 8. Name and Address of Current Registered Agent<br><b>DEVINE GOODMAN &amp; WELLS, P.A.<br/>777 BRICKELL AVENUE, SUITE 980<br/>MIAMI, FL 33131</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>TORUNO, EDGARD<br/>7215 NORTHWEST 41ST STREET, BAY E<br/>MIAMI, FL 33166</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |  |
| <b>SIGNATURE:</b>    |   |  | <b>02/28/05</b> <b>305-470-9730</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date Daytime Phone #  |   |  |