


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90057 045 ****55.00

DOCUMENT # L00000005266	
1. Entity Name TAN CARGO SERVICES, LLC	

Principal Place of Business 7215 NORTHWEST 41ST STREET BAY E MIAMI, FL 33166	Mailing Address 7215 NORTHWEST 41ST STREET, BAY L MIAMI, FL 33166
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2. Principal Place of Business 7215 N.W. 41ST. Suite, Apt. #, etc. BAY-E City & State MIAMI, FL. Zip 33166 Country USA	3. Mailing Address 7215 N.W. 41ST. Suite, Apt. #, etc. BAY-E City & State MIAMI, FL. Zip 33166 Country USA
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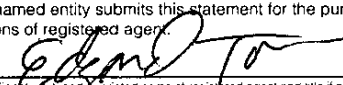
04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1007378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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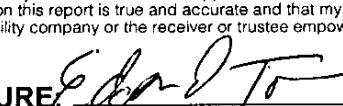
6. Name and Address of Current Registered Agent DEVINE GOODMAN & WELLS, P.A. 777 BRICKELL AVENUE, SUITE 980 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name EDGARD TORUNO Street Address (P.O. Box Number is Not Acceptable) 7215 N.W. 41ST. BAY-E City MIAMI FL Zip Code 33166

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  EDGARD TORUNO Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/20/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORUNO, EDGARD 7215 NORTHWEST 41ST STREET, BAY E MIAMI, FL 33166 <input 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. SIGNATURE  EDGARD TORUNO Signature typed or printed name of signing managing member, manager, or authorized representative DATE 04/20/06 Daytime Phone # (305) 490-9730
