


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**

40058480



2. Principal Place of Business
7215 N.W. 41ST.

3. Mailing Address
7215 N.W. 41ST.

Suite, Apt. #, etc.
BAY-E

Suite, Apt. #, etc.
BAY-E

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33166

Country
USA

Zip
33166

Country
USA

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1007378

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**DEVINE GOODMAN & WELLS, P.A.
 777 BRICKELL AVENUE, SUITE 980
 MIAMI, FL 33131**

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** DATE **04/20/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

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 **Edgardo To** DATE **04/20/06** DAYTIME PHONE # **(305) 490-9730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE