


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006040 1. Entity Name INFINITE CARGO SOLUTIONS LLC	
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Principal Place of Business 8611 NW 54ST MIAMI, FL 33166	Mailing Address 13740 SW 284 ST HOMESTEAD, FL 33033
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DO NOT WRITE IN THIS SPACE



05042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0045406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GONSALVES, SEAN A 13740 SW 284 ST HOMESTEAD, FL 33033

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 8, 2004**

UD0000158753
05/10/04-80002-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONSALVES, SEAN A 13740 SW 284 STREET HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, LEON S 2501 NE 207 STREET AVENTURA, FL 33180
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IN THIS SPACE**

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.

SIGNATURE:  SEAN GONSALVES	5-5-04	07865869655
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>