

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L04000045993

1. Entity Name
NEW CARGO EXPRESS, LLC



Principal Place of Business
**3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

Mailing Address
**3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**



04052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1269608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEXOW, JOHNSON, KOFFLER, GLATER & ADORNO, L
1560 SAWGRASS CORPORATE PARKWAY
FOURTH FLOOR
SUNRISE, FL 33323**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RODRIGUEZ, PERSIO
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RODRIGUEZ, ESTERVINA
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROJAS, DOMINGO
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ELVIRA JONES, MARIA
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAA, ANTONIO
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAA, MAGALY
3405-B NW 72ND AVE., STE. 102
MIAMI, FL 33122**

U00000698343
04/18/07-80078-005 50.00

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

Date

Daytime Phone #

04/05/07 786-6219020