

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/0
FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L16774 1. Entity Name CARGO SERVICES, INC.	
---	---

Principal Place of Business 1601 N.W. 70TH AVE MIAMI FL 33126 US	Mailing Address P O BOX 59-3515 MIAMI FL 33159 US
--	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
--	--	--	--

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0169615** ☐ Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOOTH, ROBERT E
12901 DEVA ST.
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** 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.

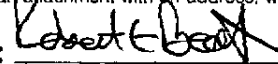
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	BOOTH, ROBERT E			NAME			
STREET ADDRESS	12901 DEVA ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	RAYGADA, MONICA H			NAME			
STREET ADDRESS	8835 SW 134 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	TORDJAM GUY			NAME			
STREET ADDRESS	5 RUE DE LA HAYE BP 10919			STREET ADDRESS			
CITY-ST-ZIP	CEDEX, FRANCE			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert E. Booth** **03/29/06** **305-599-9333**