04/29/2003 11:39 3058217252 GOMEZ VELAZ(

FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90171 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26455

1. Entity Name
SAFE CARGO FORWARDERS, INC.

Principal Place of Business	Mailing Address
% MARIA G. GIL ~~8850 NW 24 TERRACE~~ MIAMI, FL 33172 US	C/O MARIA G. GIL ~~8850 NW 24 TERRACE~~ MIAMI, FL 33172 US

2. Principal Place of Business	3. Mailing Address
8555 NW 29th ST.	8555 NW 29th. ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL. 33122	City & State: MIAMI, FLORIDA
Zip: 33122 Country: USA	Zip: 33122 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0155791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIL, MARIA G.
~~8850 NW 24 TERRACE~~ 8555 N.W. 29 ST.
MIAMI, FL 331~~72~~ 22

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 8555 NW 29th STREET
City MIAMI FL Zip Code 33122

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIL, MARIA G. 8850 NW 24 TERRACE MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 8555 NW 29th. STREET MIAMI, FL. 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: [signature] 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)