2007 FOR PROFIT CORPORATION ANNUAL REPORT DÓCUMENT # L73417 1. Entity Name N.L. CARGO, INC. Principal Place of Business 8600 N.W. 30TH TERRACE MIAMI, FL 33122 US Mailing Address Miami, FL 33122 US

FILED Feb 09, 2007 08:00 AM Secretary of State

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Principal Place of Business 8600 N.W. 30TH TERRACE MIAMI, FL 33122 US Mailing Address 8600 N.W. 30TH TERRACE MIAMI, FL 33122 US				I NARON HINK NIKUN HINKU HINK	OLEO KOOL DIEK OLEK EKOL BEKIND IS DEL	
6. Name and Address of Current Registered Agent LEWIS, NURY 6802 N.W. 112 AVENUE MIAMI, FL 33178				65-0195626 Not Applicable 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title			gistered agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	May Be U00000629844 Fees 02/19/07-80017-016 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECTORS PST LEWIS, NURY 8600 N.W. 30TH TERRACE MIAMI, FL D LEWIS, NURY 8600 N.W. 30TH TERRACE MIAMI, FL		DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplies with the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report strue 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 305-593-844(