


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M46015
 1. Entity Name
GRAICO CARGO, INC.



Principal Place of Business Mailing Address
 7369 N.W. 34TH ST 7369 NW 34 ST
 MIAMI, FL 33122 US MIAMI, FL 33122 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2808980 Not Applicable

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

6. Name and Address of Current Registered Agent
 CALVAR, VICTORIA
 2220 SW 89 AVE
 MIAMI, FL 33165

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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: VICTORIA CALVAR DATE: 2-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000259831
 03/11/05-80039-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEDMAN, GRACIELA
STREET ADDRESS	20250 NW 8ST
CITY-ST-ZIP	PEMBROKE PINE, FL 33029
TITLE	VP
NAME	FRIEDMAN, JOSEPH
STREET ADDRESS	20250 NW 8ST
CITY-ST-ZIP	PEMBROKE PINE, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Graciela Friedman DATE: 02-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #