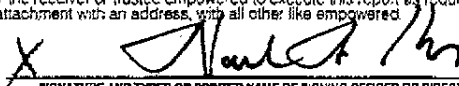


FILED**May 01, 2006 08:00 AM**
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M54037 1. Entity Name TRANS CONTINENTAL CARGO, INC.		
Principal Place of Business 8530 NW 72 ST MIAMI, FL 33166 US	Mailing Address 8530 NW 72 ST MIAMI, FL 33166 US	
DO NOT WRITE IN THIS SPACE		
 04272006 No Chg-P CR2E034 (11/05)		
4. FBI Number 65-0026471		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARBA, NOEL A. 5384 NW 111TH COURT MIAMI, FL 33178		DO NOT WRITE 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 (if it applicable) (NOTE: Registered Agent signature required when re-registering) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBA, NOEL A. 5384 NW 111TH COURT MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUSANA BARBA 5384 NW 111TH COURT MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBA, KARLA S. 9191 FONTAINEBLEAU BLVD. UNIT 18 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBA, NOEL A., JR. 5384 NW 111TH COURT MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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