2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# M54037

Entity Name: TRANS CONTINENTAL CARGO, INC.

Current Principal Place of Business:

8530 NW 72 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8530 NW 72 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0026471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBA, NOEL A.
5384 NW 111TH COURT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARBA, NOEL A.
Address: 5384 NW 111TH COURT
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete
Name: SUSANA BARBA
Address: 5384 NW 111TH COURT
City-St-Zip: MIAMI, FL 33178

Title: TD ( ) Delete
Name: BARBA, KARLA S.
Address: 9191 FONTAINEBLEAU BLVD. UNIT 18
City-St-Zip: MIAMI, FL 33172

Title: SD ( ) Delete
Name: BARBA, NOEL A., JR.
Address: 5384 NW 111TH COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL BARBA P 03/30/2009

Electronic Signature of Signing Officer or Director Date