2004 FOR PROFIT CORPORATION

MANUF STREET ADDRESS City-ST-ZiP

SIGNATURE:

FILED Apr 05, 2004–98:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000018241 MEGA CARGO AND TRADING CORPORATION Principal Place of Business Mailing Address 11115 SW 125TH AVE. 11115 SW 125TH AVE. MIAMI, FL 33186 MIAMI, FL 33186 03312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0991766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, OSWALDO DO NOT WRITE 11115 SW 125TH AVE. MIAMI, FL 33186 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. (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GINARD, ANA NAME 6631 WEDGEWOOD AVE. U00000103691 04/05/04-80067-009 150.00 STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP VD TITLE GARCIA, OSWALDO NAME 11115 SW 125TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 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.

Daytime Phone #

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR