


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070137	
1. Entity Name L & R CARGO, INC.	

Principal Place of Business 8232 NW 68 STREET MIAMI, FL 33166	Mailing Address 8232 NW 68 STREET MIAMI, FL 33166 <i>8540 NW 66 Street Miami, FL 33160</i>
---	---

DO NOT WRITE IN THIS SPACE

FILED
NEW ADDRESS 03-MAR-16 PM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-142004 No. Chg. P. CR2E034(10/03) 03-04

4. * FEI Number 65-1026032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEON, RICARDO 8232 NW 68 STREET MIAMI, FL 33166
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARA, CESAR 7906 W 29 LANE #101 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEON, RICARDO 7906 W 29 LANE #101 HIALEAH, FL 33018
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	

900030806389
03/19/04--01043--009 **158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 03/10/04	Daytime Phone #
---	----------------	-----------------