


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90011 041 ***150.00

DOCUMENT # P00000070137 1. Entity Name L & R CARGO, INC.	
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Principal Place of Business 8232 NW 68 STREET 8542 NW MIAMI, FL 33166 66 Street	Mailing Address 8540 NW 66 STREET MIAMI, FL 33160
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40006847



01142005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEON, RICARDO 8232 NW 68 STREET 8542 NW 66 St. MIAMI, FL 33166
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**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 _____ (NOTE: Registered Agent signature required when reinstating) * DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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 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
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**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/05
Date

Daytime Phone #