

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 005 ***150.00

DOCUMENT # P00000107951

1. Entity Name
ORVO CARGO MIAMI, INC.



Principal Place of Business Mailing Address

~~C/O ROTH ROUSSO & BENAMIN PA~~ ~~C/O ROTH ROUSSO & BENAMIN PA~~
~~3440 HOLLYWOOD BLVD., STE 360~~ ~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~ ~~HOLLYWOOD, FL 33021~~

54020293

2. Principal Place of Business 3. Mailing Address

18851 NE 29th AV **18851 NE 29th AV**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
900 **900**



01272004 Chg-P CR2E034 (10/03)

City & State City & State

AVENTURA, FL **AVENTURA, FL**

Zip Country Zip Country

33180 **USA** **33180** **USA**

4. FEI Number Applied For

65-1063100 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name **LEONARDO A. ROTH, ESQ**

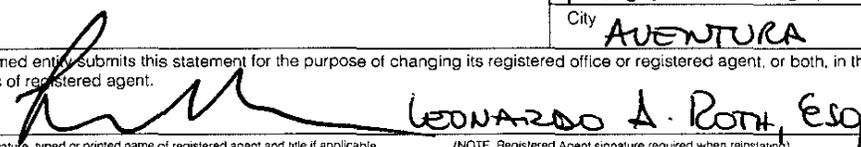
Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th AV, SUITE 900

City State Zip Code

AVENTURA FL 33180

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  **LEONARDO A. ROTH, ESQ** DATE **3/17/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

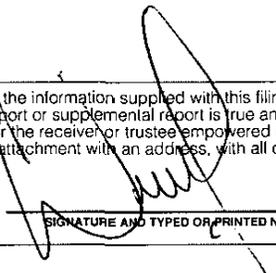
10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DU BOIS FREUND, WILHELM	
STREET ADDRESS	2451 BRICKELL AVENUE 8T	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROTA, MARILIANNA	
STREET ADDRESS	2451 BRICKELL AVENUE 8T	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **WILHELM E. DU BOIS - PRESIDENT** Date **3-15-04** Daytime Phone # **305-310 9847**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #