

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

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

54020293



2. Principal Place of Business
17851 NE 29th AV

3. Mailing Address
17851 NE 29th AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900

900

City & State

City & State

AVENTURA, FL

AVENTURA, FL

Zip

Country

Zip

Country

33180

USA

33180

USA

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1063100

Applied For

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

Name

LEONARDO A. ROTH, ESQ

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

17851 NE 29th AV, SUITE 900

City

AVENTURA

FL

Zip Code

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

[Signature]

LEONARDO A. ROTH, ESQ

3/17/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
DU BOIS FREUND, WILHELM
2451 BRICKELL AVENUE 8T
MIAMI, FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
ROTA, MARILIANNA
2451 BRICKELL AVENUE 8T
MIAMI, FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]

WILHELM E. DU BOIS - PRESIDENT 3-15-04 305-310 9847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #