



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90245 040 \*\*\*150.00

|   |                     |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
|---|---------------------|--|---|--|---------------------------------|------|-----------------|--|----------------|---------------------|--|-------------|-----------------|--|--|--|--|-------|--------------------|--|------|-----------|--|----------------|-----------------|--|-------------|--|--|
| <b>DOCUMENT # P01000011503</b><br>1. Entity Name<br><b>CARGO LOGISTICS CORP.</b>  |                     |  |   |   |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| Principal Place of Business<br><b>10300 N.W. 19 STREET<br/>SUITE 109<br/>MIAMI, FL 33172</b>  |                     |  | Mailing Address<br><b>1115 NW 126TH PLACE<br/>MIAMI, FL 33182</b>   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Suite 109</b>   |                     | 3. Mailing Address<br><b>10300 N.W. 19 Street<br/>Suite 109</b>              |   |    |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| City & State<br><b>MIAMI Florida</b>  |                     | City & State<br><b>MIAMI Florida</b>   |   | 4. FEI Number<br><b>65-1077368</b>   |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| Zip<br><b>33172</b>   |                     | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BORJA, MICHEL M<br/>1115 NW 126TH PLACE<br/>MIAMI, FL 33182</b>   |                     |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10300 N.W. 19 Street<br/>Suite 109</b><br>City <b>MIAMI</b> FL Zip Code <b>33172</b> |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| 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 reappointing) _____ DATE _____  |                     |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BORJA, MICHEL M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1115 NW 126TH PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33182</td> <td></td> </tr> </table>  |                     |  | TITLE   | P  | <input type="checkbox"/> Delete | NAME | BORJA, MICHEL M |  | STREET ADDRESS | 1115 NW 126TH PLACE |  | CITY-ST-ZIP | MIAMI, FL 33182 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">10300 NW 19 Street</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Suite 109</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | 10300 NW 19 Street | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Suite 109 |  | STREET ADDRESS | MIAMI, FL 33172 |  | CITY-ST-ZIP |  |  |
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| NAME  | BORJA, MICHEL M     |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| STREET ADDRESS  | 1115 NW 126TH PLACE |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
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| 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. |                     |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |
| <b>SIGNATURE:</b> <u>Michel Borja</u> <u>4/19/2005</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                     |  |   |  |                                 |      |                 |  |                |                     |  |             |                 |  |  |  |  |       |                    |  |      |           |  |                |                 |  |             |  |  |