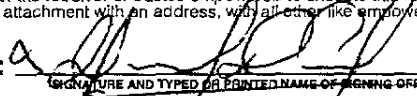


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000017009		
1. Entity Name COLCARGO EXPRESS INC.		
Principal Place of Business 5417 NW 74 AVENUE MIAMI, FL 33166	Mailing Address 5417 N.W. 74 AVENUE. MIAMI, FL 33166	 01312004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Name and Address of Current Registered Agent DIAZ, WILLIAM 7857 N.W. 171 ST. MIAMI, FL 33015
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)		
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		DO NOT WRITE IN THIS SPACE U000000081072 03/08/04-80135-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, HENRY JR. 7857 N.W. 171 ST. MIAMI, FL 33015	
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		
TITLE 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: 		03/05/04 305-477-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #