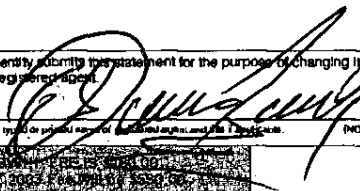
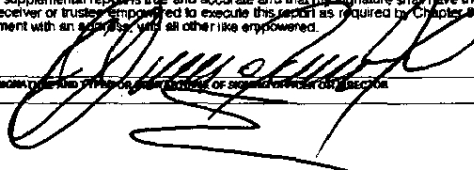


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 85-1075254				Applied For Not Applicable	
5. Certificate of Status Desired ☐				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 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DIAZ, WILLIAM			NAME	
STREET ADDRESS	7857 N.W. 171 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33016			CITY-ST-ZIP	
TITLE	VPD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DIAZ, ALFONZO			NAME	
STREET ADDRESS	7857 N.W. 171 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33016			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.					
SIGNATURE:  DATE DAYTIME PHONE #					

90124312



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)