

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90039 041 ***150.00

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1: Entity Name

FAME CARGO INTERNATIONAL, INC.



Principal Place of Business

10909 ATLANTIC BLVD., STE. 6
JACKSONVILLE FL 32225

Mailing Address

PO BOX 941624
ATLANTA GA 31141

2. Principal Place of Business

10916 ATLANTIC BLVD
SUITE 17

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

58-2618015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUSTIN, ERNESTO G
10916 ATLANTIC BLVD SUITE 17
JACKSONVILLE FL 32225

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AGUSTIN, EDERLINDA E
STREET ADDRESS 5850 TERREMONT CIR.
CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ Delete
NAME AGUSTIN, ERNESTO G
STREET ADDRESS 5850 TERREMONT CIR
CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ Delete
NAME SISON, NOE
STREET ADDRESS 5640 NW 188TH ST.
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO AGUSTIN

Date

Daytime Phone #

2/05/04

770 220 0043