


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 023 ***150.00

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

DOCUMENT # P01000050284
 1. Entity Name
 WATERCRAFT AND CARGO SOLUTIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 8550 W. Flagler St
 Suite, Apt. #, etc. 111

3. Mailing Address
 8550 W. Flagler St
 Suite, Apt. #, etc. 111

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Fl

City & State
 Miami, Fl.

Zip 33144 Country USA

Zip 33144 Country USA

4. FEI Number
 65-1106682

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 8550 W. Flagler ST #111

City Miami, FL Zip Code 33144

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

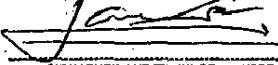
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Guillermo Pineda 8550 W. Flagler St #111 Miami, fl.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CFR20348 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  G. Pineda, Pres. 4/28/03 305-553-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #