Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90173 029 ***158.75

04/22/2004 10:46 3052268635

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000063348

1. Entity Name
CARGO & PURCHASING MANAGEMENT INC.

94069174

Principal Place of Business	Mailing Address
3859 SAN SIMEON CIRCLE WESTON, FL 33331	3859 SAN SIMEON CIRCLE WESTON, FL 33331

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1129866
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVARRIA, MIGUEL
3859 SAN SIMEON CIRCLE
WESTON, FL 33331

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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)

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

TITLE	D
NAME	ECHEVARRIA, MIGUEL
STREET ADDRESS	3859 SAN SIMEON CIRCLE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	~~D~~
NAME	~~MONTANEZ, SONIA~~
STREET ADDRESS	~~3859 SAN SIMEON CIRCLE~~
CITY-ST-ZIP	~~WESTON, FL 33331~~
TITLE	D
NAME	WALTER SANDOVAL
STREET ADDRESS	752 NW 132 TER
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	D
NAME	JULIO CACERES
STREET ADDRESS	10510 SW 153 COURT Apt. 5
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	ANDRES CASTILLO
STREET ADDRESS	3859 SAN SIMEON CIRCLE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #