

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 042 ***150.00

DOCUMENT # P01000083103		
1. Entity Name SOUTHERN EAGLE CARGO, INC.		

Principal Place of Business 3509 NW 82 AVE. MIAMI, FL 33122 US	Mailing Address 4914 S.W. 147TH PLACE MIAMI, FL 33185 US
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2. Principal Place of Business		3. Mailing Address 6803 N.W. 116 ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Doral Florida	
Zip	Country	Zip 33178	Country United States

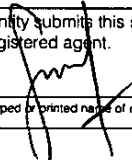


04042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1159715		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROMERO, ADRIAN JORGE 4914 SW 147 PLACE MIAMI, FL 33185		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

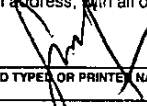
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Sonia Konoual Romero** **04/04/05**
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROMERO, ADRIAN JORGE 4914 SW 147 PLACE MIAMI, FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6803 N.W. 116 ct Doral 33178 Florida USA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMERO, SONIA K 4914 SW 147 PLACE MIAMI, FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6803 N.W. 116 ct Doral 33178 Florida USA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Sonia Konoual Romero** **04/04/05** **(305) 591-0388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #