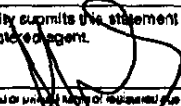
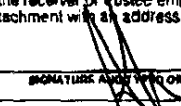


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 045 ***150.00

DOCUMENT # P0100083103			
1. Entity Name SOUTHERN EAGLE CARGO, INC.			
Principal Place of Business 6187 NW 167 STREET UNIT H 4 MIAMI, FL 33015 US		Mailing Address 6187 NW 167 STREET UNIT H 4 MIAMI, FL 33015 US	
2. Principal Place of Business 1231 NW 93ct		3. Mailing Address 4914 SW 147 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami Florida	
Zip 33172	Country Dade	Zip 33185	Country Dade
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			
ROMERO, ADRIAN JORGE 15761 SW 79 PL 4914 SW 147 Place MIAMI, FL 33185 Miami FL 33185			
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			
e. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, ADRIAN JORGE	NAME	
STREET ADDRESS	15761 SW 79 PL 4914 SW 147 Place	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185 Miami FL 33185	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	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
SIGNATURE: 		04/28/03 (305) 305-7627	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CH2 E034 (10/02)