## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P02000045347 04-07-2006 90022 002 \*\*\*150.00 1. Entity Name EXPRESS INTERNATIONAL CARGO, CORP. Principal Place of Business Mailing Address 6216 SW 10TH ST. 6216 SW 10TH ST. MIAMI, FL 33144 MIAMI, FL 33144 3. Mailing Address 2. Principal Place of Business 9600 NW 25TH ST. 1220 NW 3657.#300 Suite, Apt. #, etc Suite, Apt. #, etc. 03282006 CR2E034 (11/05) Chg-P 300 STE 6 Applied For 4 FEI Number City & State City & State MIAMI JAROG 03-0437235 FL Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 33166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A. MARZOL ARLOS GONZALEZ, ESLA Street Address (P.O. Box Number is Not Acceptable) 6216 SW 10TH ST. MIAMI, FL 33144 7220 N.W. 36THST STE City MIAMI Zip Code 8. The above named entity submits this stayment 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. MARZOL ARLOS SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature requi yped or printed name of register 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change Delete TITLE TITLE NAME GONZALEZ, ESLA I NAME STREET ADDRESS 6216 SW 10TH ST. STREET ADDRESS MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Change Addition ☐ Delete TITLE PResident TITLE MARZOL, CARLOS A MARZOL, CARLOS A NAME NAME 1220 N.W. 36TH ST. STE. 300 **6216 SW 10 STREET** STREET ADDRESS STREET ADDRESS MIAMI, FL 33144 CITY-ST-7IP MIAMI, FLA. 33166 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE 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 quality for the exemptions contained in Chapter 119, 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 emprowered 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 allachment with an address, with all other like empowered.

**FILED** 

305-477-2939