
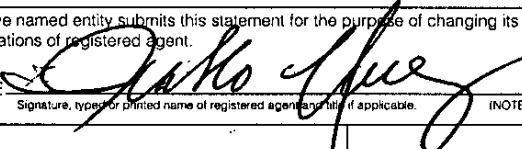
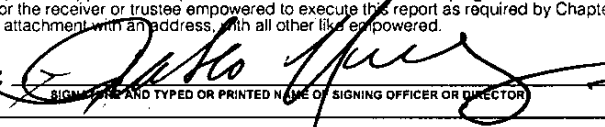


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90098 030 \*\*\*150.00

<b>DOCUMENT # P02000074080</b> 1. Entity Name FLORIDA CARGO AND LOGISTICS, CORP.					
Principal Place of Business 1190 N W 123 PLACE MIAMI, FL 33182 US			Mailing Address 1190 N W 123 PLACE MIAMI, FL 33182 US		
2. Principal Place of Business 1168 NW 123 PLACE.		3. Mailing Address 1168 NW 123 Place.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL.		City & State Miami FL.		4. FEI Number 75-3071249	
Zip 33182		Country Miami Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NANEZ, CLAUDIA 1190 N W 123 PL MIAMI, FL 33182			7. Name and Address of New Registered Agent Name NANEZ CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1168 NW 123 Place. City Miami FL Zip Code 33182		
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 2/27/06. <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANEZ, PABLO 1188 NW 123 PLACE MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. NANEZ, PABLO. 1168 NW 123 PLACE. MIAMI FL 33182.
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NANEZ, CLAUDIA 1188 NW 123 PLACE MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. NANEZ CLAUDIA. 1168 NW 123 PLACE. MIAMI FL 33182.
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 2/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					