2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM **Secretary of State DOCUMENT # P02000083207** SENTRY CARGO INTERNATIONAL, INC. Principal Place of Business Mailing Address 7952 NW 14 STREET 7952 NW 14 STREET MIAMI, FL 33126 MIAMI, FL 33126 01152004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2053111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DEL POZO, EDUARDO DO NOT WRITE 8290 N.W. SOUTH RIVER DRIVE MIAMI, FL 33166 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 0000000031072 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 02/04/04-80134-016 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME DEL POZO, EDUARDO 7952 NW 14 STREET STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 fustee 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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

EDUARDO DEL POZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2004

(305) 500-9828

FILED

Daytime Phone i