


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90188 041 \*\*\*150.00

<b>DOCUMENT # P02000083207</b>		
1. Entity Name <b>SENTRY CARGO INTERNATIONAL, INC.</b>		

Principal Place of Business <b>8080 NW 71 ST MIAMI, FL 33166</b>	Mailing Address <b>8080 NW 71 ST MIAMI, FL 33166</b>
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2. Principal Place of Business <b>3986 Adra Avenue</b>	3. Mailing Address <b>3986 Adra Avenue</b>
Suite, Apt. #, etc. <b>F-51</b>	Suite, Apt. #, etc. <b>F-51</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33178</b>	Zip <b>33178</b>
Country <b>USA</b>	Country <b>USA</b>

40054803



03052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2053111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>DEL POZO, EDUARDO 8290 N.W. SOUTH RIVER DRIVE MIAMI, FL 33166</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>3986 Adra Avenue, F-51</b>	
City <b>Miami</b>	FL Zip Code <b>33178</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	PD DEL POZO, EDUARDO 7952 NW 14 STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3986 Adra Avenue, F-51 Miami, FL 33178</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Ed del Pozo **EDUARDO DEL POZO** 04/10/2006 305-525-881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #