

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000120018**

1. Entity Name  
**LACS CARGO, INC.**



Principal Place of Business  
**8249 NW 66TH ST.  
MIAMI, FL 33166**

Mailing Address  
**8249 NW 66TH ST.  
MIAMI, FL 33166**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**26-0061927**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEANO, ANA MARIA  
8249 NW 66TH ST.  
MIAMI, FL 33166**

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000875494

04/11/08 00035 015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEANO, ANA MARIA  
STREET ADDRESS 8249 NW 66TH ST.  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 prepare 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 for all officers and directors.

SIGNATURE: **Ana Maria Leano**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-08**

Date

**305 591 5802**

Daytime Phone #