
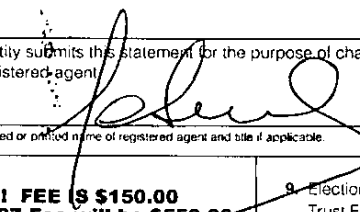
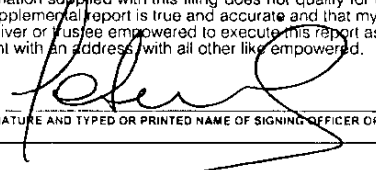


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 015 ***150.00

DOCUMENT # P03000067091 1. Entity Name CARGO ADVANCE CORPORATION					
Principal Place of Business 4315 NW 7 ST. 40 MIAMI, FL 33126			Mailing Address 4315 NW 7 ST. #40 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 1530 NW 98 Court		3. Mailing Address 1530 NW 98 Court			
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103			
City & State Miami, FL		City & State Miami, FL			
Zip 33172	Country USA	Zip 33172	Country USA	4. FEI Number 20-0046861	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PANDO, ISRAEL B 4315 NW 7TH ST. 40 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Gabriela Olivera Street Address (P.O. Box Number is Not Acceptable) 1530 NW 98 Court Suite 103 City Miami		
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.			Zip Code FL 33172		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE 2-15-07		
FILE NOW!!! FEE \$ \$150.00 After May 1, 2007 Fee will be \$550.00			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	PSDT PANDO, ISRAEL B 4315 NW 7TH ST #40 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT Gabriela Olivera 1530 NW 98 Court suite 103 Miami, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marcela Olivera 1530 NW 98 Court Suite 103 Miami, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-15-07 <small>Daytime Phone #</small>		