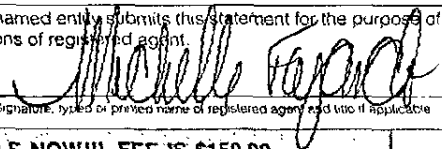


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000073073					
1. Entity Name CARGO INTERNATIONAL CONSOLIDATORS, INC.					
Principal Place of Business 7610 NW 25TH STREET MIAMI FL 33122			Mailing Address 7610 NW 25TH STREET MIAMI FL 33122		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0576306	
6. Name and Address of Current Registered Agent FAJARDO, MICHELLE 19911 SW 122ND AVE. MIAMI FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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				DATE 1/31/06 (NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	U00000416315 ☐ Change ☐ Add		
NAME	FAJARDO, MICHELLE	NAME	02/13/06-80010-025 150.00		
STREET ADDRESS	18911 SW 122 AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33177	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	WEVER, VIVIAN E	NAME			
STREET ADDRESS	12120 SW 31 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



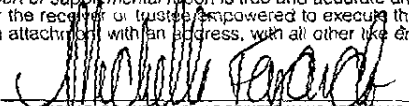
1st MOORE CR2E034 (10/05)

4. FEI Number **05-0576306** Applied For ☐ Not Applied

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



1/31/06 (305) 591-8882