2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2004 8:00 am **DOCUMENT # P03000078202** Secretary of State MARZUL INTERNATIONAL CARGO, INC. 04-19-2004 90284 039 ***150 00 Principal Place of Business Mailing Address 8501 NW 17TH ST. 8501 NW 17TH ST. STF 101 **STE 101 UUTIUAUA** MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) 1 FEI Number 37510 Applied For City & State City & State Not Applicable Ζp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZULUAGA, MARTHA Street Address (P.O. Box Number is Not Acceptable) 8501 NW 17TH ST. STE-101-MIAMI, FL 33126 Zio Code City 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 staneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition TITLE TITLE ☐ Chance ☐ Deleta NAF ZULUAGA, JUAN NAME STREET ADDRESS 8501 NW 17TH ST. STE 101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ■ Addition ZULUAGA, MARTHA MAME MAME 8501 NW 17TH ST. STE 101 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-51-ZIP Change ___ Addition ☐ Delete TITTS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TÜL. WILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-78P ☐ Addition TITE F Delete ME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 early, 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 theremy name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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