2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 8:00 am Secretary of State **DOCUMENT # P03000130916** 04-01-2005 90013 036 ***150.00 CARGOMAR EXPRESS, INC. Principal Place of Business Mailing Address 8366 NW 66 ST 8366 NW 66 ST MIAMI, FL 33166 MIAMI, FL 33166 US 2. Principal Place of Business 3. Mailing Address 8340 NW 66 ST. 66 £f. 8340 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL Miami APPLIED FOR 20-0711216 Hiami Not Applicable Zip 33166 Country \$8.75 Additional 5. Certificate of Status Desired USA 33166 Fee Required --7.. Name and Address of New Registered Agent ∴ =. 6. Name and Address of Current Registered Agent --ARAUJO, LAINDER ARAUJO, LAINDER 8366 NW 66 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33166 8340 N.W. st. 66 City Miami 8. The above named entity submits this statement to changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age ARAUTO, LAINDER SIGNATURE (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change : ARAUTO, LANDER NAME ARAUJO, LAINDER NAME 8340 N.W. 66 ST. STREET ADDRESS 8366 NW 66 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP MIAMI, FL. 33166 TITLE ☐ Delete Change ☐ Addition ARAUTO LISBETH 8340 N.W. 66 St. NAME ARAUJO, LISBETH NAME 9711 FOUNTAINBLUE BLVD #101 STREET ADDRESS STREET ADDRESS HIAMI, FL. 33166. CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Delete TITI F Change ☐ Addition ANTERI DA SILVA, FANIA I. ANTERI DA SILVA, FANIA I NAME STREET ADDRESS 8039 LAKE DRIVE, APT #201 15452 SW- 8th Way STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-7IP Miami FL 33194 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receiver or truefee 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 applicable, with all original reports. SIGNATURE:

FILED