

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 033 ***150.00

DOCUMENT # P03000130916 1. Entity Name CARGOMAR EXPRESS, INC.					
Principal Place of Business 8340 NW 66 ST. MIAMI, FL 33166 US				Mailing Address 8340 NW 66 ST. MIAMI, FL 33166 US	
2. Principal Place of Business 8368 N.W. 66 St. Suite, Apt. #, etc. MIAMI City & State FLORIDA Zip 33166		3. Mailing Address 8368 N.W. 66 St. Suite, Apt. #, etc. MIAMI City & State FLORIDA Zip 33166			
Country USA.		Country USA.		4. FEI Number 20-0711216	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ARAUJO, LAINDER 8340 N.W. 66 ST MIAMI, FL 33166				7. Name and Address of New Registered Agent Name ARAUJO, LAINDER Street Address (P.O. Box Number is Not Acceptable) 8368 N.W. 66 ST. City MIAMI FL Zip Code 33166	
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: LAINDER ARAUJO 01/25/2006 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ARAUJO, LAINDER STREET ADDRESS 8340 N.W. 66 ST CITY-ST-ZIP MIAMI, FL 33166	☒ Delete		TITLE PRESIDENT NAME LAINDER ARAUJO STREET ADDRESS 8368 N.W. 66 ST CITY-ST-ZIP MIAMI, FL 33166	☒ Change ☐ Addition	
TITLE T NAME ARAUJO, LISBETH STREET ADDRESS 8340 N.W. 66 ST. CITY-ST-ZIP MIAMI, FL 33172	☒ Delete		TITLE T NAME LISBETH ARAUJO STREET ADDRESS 8368 N.W. 66 ST CITY-ST-ZIP MIAMI, FL 33166	☒ Change ☐ Addition	
TITLE V NAME ANTER DA SILVA, FANIA I STREET ADDRESS 15452 SW 8TH WAY CITY-ST-ZIP MIAMI, FL 33194	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: LAINDER ARAUJO 01/25/2006 305-591-3532 SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					