2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000130916

1. Entity Name
CARGOMAR EXPRESS, INC.

Principal Place of Business	Mailing Address
8368 NW 66 ST	8368 NW 66 ST
MIAMI, FL 33166 US	MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

02062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0711216	Not Applicable

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

6. Name and Address of Current Registered Agent

ARAUJO, LAINDER
8368 NW 66 ST
MIAMI, FL 33166

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☑	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ARAUJO, LAINDER
STREET ADDRESS	8368 NW 66 ST
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	T
NAME	ARAUJO, LISBETH
STREET ADDRESS	8368 NW 66 ST
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	V
NAME	ANTERI DA SILVA, FANIA I
STREET ADDRESS	15452 SW 8TH WAY
CITY-ST-ZIP	MIAMI, FL 33194

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/07-80065-001 155.00

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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   02/06/2007   786-412-9346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #