



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000019485 1. Entity Name SOUTH ATLANTIC CARGO INC					
Principal Place of Business 5239 CANNON WAY WEST PALM BEACH, FL 33415 US			Mailing Address P O BOX 16162 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 04212006 Chg-P CR2E034 (11/05)	
4. FEI Number 90-0142268				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ESPIDOL DOMINGO P 4703 BELVEDERE RD WEST PALM BEACH, FL 33415	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP P ESPIDOL DOMINGO P 4703 BELVEDERE RD WEST PALM BEACH, FL 33415		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 100000537578 05/09/06-80023-012 150.00 </div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete	
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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.

Domingo P Espidol

4/24/06