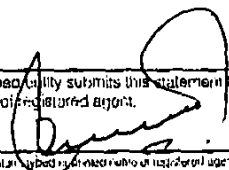
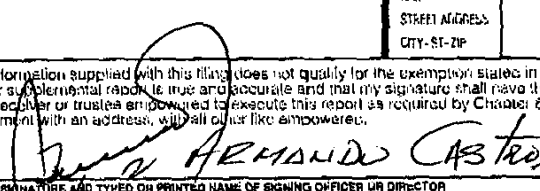


FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90284 050 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000024726			
1. Entity Name GEOVANNY CARGO EXPRESS, CORP.			
Principal Place of Business 2500 W 56TH ST APT 1111 HIALEAH, FL 33016		Mailing Address 2500 W 56TH ST APT 1111 HIALEAH, FL 33016	
2. Principal Place of Business 6748 NW 72 Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI-FL		City & State	
Zip 33166	Country USA	Zip	Country
4. FEI Number 20-073120		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, ARMANDO 2500 W 56TH ST APT 1111 HIALEAH, FL 33016		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  (Signature of Registered Agent or authorized officer and if applicable) (Name of Registered Agent or authorized officer and if applicable) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, ARMANDO 2500 W 56TH ST APT 1111 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTRO, JULIO C 2500 W 56TH ST APT 1111 HIALEAH, FL 33016 ☐ 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
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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 exemption stated in Section 19.07(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 this 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:  ARMANDO CASTRO		DATE: _____	