2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90470 041 ***150.00

DOCUMENT # P04000036819

1. Entity Name
D. V. F. CARGO FORWARDERS & CONSOLIDATROS INC.

Principal Place of Business
~~666 NW 114 ST #101~~ 8388 NW 68 St.
~~MIAMI, FL 33172~~ Miami FL 33166

Mailing Address
~~666 NW 114 ST #101~~
~~MIAMI, FL 33172~~

00003630U

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 51-0498820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATUESTA, JOSE M
666 NW 114 ST #101
MIAMI, FL 33172

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, 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, 2006 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	☐ Delete
NAME	~~ATUESTA, JOSE M~~	
STREET ADDRESS	~~666 NW 114 ST #101~~ 8388 NW 68 St	
CITY ST ZIP	~~MIAMI, FL 33172~~ Miami FL 33166	
TITLE	~~V~~	☐ Delete
NAME	~~VARGAS, JOSE D~~	
STREET ADDRESS	~~666 NW 114 ST #101~~ 8388 NW 68 St	
CITY ST ZIP	~~MIAMI, FL 33172~~ Miami FL 33166	
TITLE	T	☐ Delete
NAME	~~RAMOS, GERMAN~~	
STREET ADDRESS	~~666 NW 114 ST #101~~ 8388 NW 68 St	
CITY ST ZIP	~~MIAMI, FL 33172~~ Miami FL. 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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: ____________________ ABRIL. 28 06 305 4069590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Florida Department of Revenue - Corporate Income Tax # 600325609 P04000036819

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

Florida Tentative Income / Franchise and/or Emergency Excise Tax Return and Application for Extension of Time to File Return

F-700
R. 01/0

You must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9

If typing, type through the boxes. (example) 0123456789

Write your numbers as shown and enter one number per box.

FEIN 5 1 0 4 9 8 8 2 0

Name
Address
City/St/ZIP

D.V.F Cargo Forwarders & Consolidators, Inc
8388 NW 68 Street
Miami, FL 33166

Taxable year end: M M D D Y Y

FILING STATUS (Mark "X" in one box only) — Corporation X — Partnersh

Tentative tax due (See reverse side) — US DOLLARS 0 — CENTS .00

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: 07-14-05

Check here if you transmitted funds electronically ▶ ☐

9999 9 99999999 0002005030 3 3999999999 9999 4

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

FEIN of entity 5 1 - 0 4 9 8 8 2 0

CHANGE IN

New Location Address
Business location 8388 NW 68 Street
City Miami State FL ZIP 33166
Business telephone (___ ___) ___ County ___

In care of ___

New Mailing Address
Mailing address The same
City ___ State ___ ZIP ___
Owner's telephone (___ ___) ___ County ___

New Business Name
DBA ___

New Corporation Name ___

_____ 07-14-05
Signature of Officer (Required) Date

9999 9 99999999 0002005999 5 3999999999 9999 4