

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000104350

1. Entity Name
SYL CARGO USA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 9:44

Principal Place of Business
443 TALAVERA RD
WESTON, FL 33326

Mailing Address
443 TALAVERA RD
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number

01-0818735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIA, JAVIER
3200 N W 101 AV
SUNRISE, FL 33351

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHIA, ENRIQUE J PRESIDE ☒ Delete
STREET ADDRESS 443 TALAVERA RD
CITY-ST-ZIP WESTON, FL 33326

TITLE VP
NAME CEVALLOS, DIANA VP ☐ Delete
STREET ADDRESS 852 REFLECTION LN
CITY-ST-ZIP WESTON, FL 33326

TITLE SEC
NAME CHIA, VALERIE SEC ☒ Delete
STREET ADDRESS 443 TALAVERA RD
CITY-ST-ZIP WESTON, FL 33326

TITLE T
NAME CEVALLOS, CARLOS TREAS ☒ Delete
STREET ADDRESS 852 REFLECTION LN
CITY-ST-ZIP WESTON, FL 33327

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Cevallos, Diana
STREET ADDRESS 10903 NW 30th Street No 103
CITY-ST-ZIP Miami, FL 33172

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/06

Date

Daytime Phone #

4/12/06