


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**


05-14-2007 90072 044 \*\*\*150.00

<b>DOCUMENT # P04000130085</b>	
1. Entity Name <b>CARGO ZONE ETC, INC</b>	

Principal Place of Business <b>15668 SW 72 STREET MIAMI, FL 33193</b>	Mailing Address <b>15668 SW 72 STREET MIAMI, FL 33193</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7105 SW 8 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>306</b>	
City & State		City & State <b>MIAMI FL</b>	
Zip <b>33144</b>	Country	Zip <b>33144</b>	Country

**40111000**



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1634824</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PIESCHACON, CARLOS 15668 SW 72 STREET MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIESCHACON, CARLOS 15668 SW 72 STREET MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Carlos Pieschacon **4/30/07** **3052269443**

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