

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000147952

Entity Name: CARGA.COM, CORP

FILED  
Sep 28, 2005  
Secretary of State

## Current Principal Place of Business:

6991 NW 82ND AVE  
BAY 1  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

6991 NW 82ND AVE  
BAY 1  
MIAMI, FL 33166

## New Mailing Address:

8333 NW 66 STREET  
MIAMI, FL 33166

FEI Number: 20-1802475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, ADRIANA M  
8333 NW 66TH STREET  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: ADRIANA ORTIZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMANO, JUAN  
Address: 6991 NW 82ND AVE BAY 1  
City-St-Zip: MIAMI, FL 33166 US

Title: VP ( ) Delete  
Name: ROMANO, JUAN  
Address: 6991 NW 82 AVE BAY 1  
City-St-Zip: MIAMI, FL 33166 US

Title: S ( ) Delete  
Name: ROMANO, JUAN  
Address: 6991 NW 82 AVE BAY 1  
City-St-Zip: MIAMI, FL 33166 US

Title: T ( ) Delete  
Name: ROMANO, JUAN  
Address: 6991 NW 82 AVE BAY 1  
City-St-Zip: MIAMI, FL 33166 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ROMANO

P

09/28/2005

Electronic Signature of Signing Officer or Director

Date