## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 21, 2008 8:00 am Secretary of State

DOCUMENT # P0500009129  1. Entity Name DAMA CARGO LOGISTICS, CORP.				\ . I	07-21-2008	90032 032 **	*150.00	
Principal Place of Business Mailing Address								
7231 NW 54TH ST 7231 NW 54TH ST								
MIAMI, FL 33166 US MIAMI, FL 33166 US								
					E ABURU BIRU BBUR ABUU BEE	II BBIK BBIB 1918: 1188	11010 (C1100) (1 CCC)	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
2759 NW 82 AVENUE 2759 NW 8		82 Ave.	1 18611881 1		(I MMII) MMIIN IMINI SIMIN	B   -3   B      -3    B   -3		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142008	Chg-P	CR2E034 (12	(06/2	
City & State City & State			4. FEI Numb	er .	F	Applied For		
Doral, Floridg. J		Dorol	1, Florida.		7050	F	Not Applicable	
Zip Country Zip		Country	5. Certificate	of Status Desired		5 Additional		
33/22 US 33/22			<u> </u>	1		- Fee Re	equired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
ALONZO, RAYMOND A								
11356 SW 85 LANE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33173				··············	<del></del>			
			City				p Code	
	<u> </u>		,			FL		
8. The above named entity submits his 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, or both, in the State of Florida.								
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 NOWI!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fina Trust Fund Contribution				55.00 May Be added to Fees	In accordance v corporation did	with s. 607.193(2 not receive the p	!)(b), F.S., the prior notice.	
10.	OFFICERS AND I	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME	P BAYMOND A	☐ Delete	TITLE			□ CI	nange	
STREET ADDRESS	ALONZO, RAYMOND A 11356 S.W. 85 LANE		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			☐ CI	nange 🔲 Addition	
NAME	JOVINE, DANTE H		NAME					
STREET ADDRESS CITY-ST-ZIP	11356 S.W. 85 LANE		STREET ADDRESS					
TITLE	MIAMI, FL 33173 TREA		CITY-ST-ZIP				<b>—</b>	
NAME	ALONZO, CLAUDINNE K	☐ Delete	TITLE NAME			☐ Ct	nange 🗌 Addition	
STREET ADDRESS	11356 S.W. 85 LANE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP					
TITLE	SEC	☐ Delete	TITLE			☐ Cr	nange 🔲 Addition	
NAME	BAEZ, CESAR A		NAME					
STREET ADDRESS CITY-ST-ZIP	15740 S.W. 101 STREET MIAMI, FL 33196		STREET ADDRESS CITY-ST-ZIP					
IME	14171411, 1 E 05 150	□ Dalata	TITLE			□ Cr	nange	
NAME		☐ Delete	NAME				iange Addition	
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Ct	nange 🔲 Addition	
NAME STREET ADORESS			NAME expect annuese					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby	I certify that the information supplied with	this filing does not qualify for the	l exemptions contair	ned in Chapter 11	9, Florida Statutes. I	further certify that	t 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 truster 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.								