
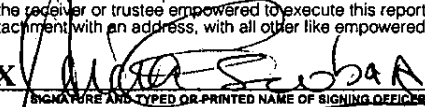


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90008 039 ***150.00

DOCUMENT # P05000060410															
1. Entity Name DIDI CARGO, INC.															
Principal Place of Business 11437 SW 34 LANE MIAMI, FL 33165			Mailing Address 11437 SW 34 LANE MIAMI, FL 33165												
2. Principal Place of Business		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country	01112006 Chg-P CR2E034 (11/05)											
4. FEI Number				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">20-2779401</td> <td style="padding: 5px;">Applied For</td> </tr> <tr> <td></td> <td style="padding: 5px;">Not Applicable</td> </tr> </table>		20-2779401	Applied For		Not Applicable						
20-2779401	Applied For														
	Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent												
ESCOBAR, ALICIA 11437 SW 34 LANE MIAMI, FL 33165			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">Name</td></tr> <tr><td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">FL</td> <td style="padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">FL</td> <td style="padding: 5px;">Zip Code</td> </tr> </table>	FL	Zip Code
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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 _____															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11												
TITLE	PVST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	ESCOBAR, ALICIA		NAME												
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CITY-ST-ZIP			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: X  ALICIA ESCOBAR, PRES. 01/11/06															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #												