

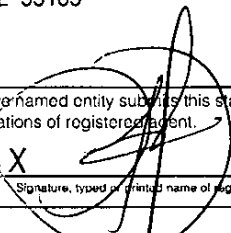
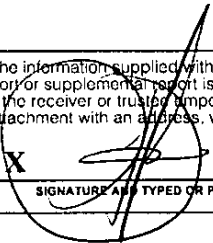


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 034 ***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 - No P.O. Box # 210 MIZNER BLVD.		3. Mailing Address 210 MIZNER BLVD.			
Suite, Apt. #, etc. #109		Suite, Apt. #, etc. #109			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33432		Zip 33432			
4. FEI Number 20-2779401				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ESCOBAR, ALICIA 11437 SW 34 LANE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name ESCOBAR, DIANA V. Street Address (P.O. Box Number is Not Acceptable) 210 MIZNER BLVD. #109 City BOCA RATON, FL. FL Zip Code 33432		
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:  DIANA V. ESCOBAR 03/08/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DVST <input checked="" type="checkbox"/> Delete ESCOBAR, ALICIA 11437 SW 34 LANE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P ESCOBAR, DIANA V 11437 SW 34 LANE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PVST ESCOBAR, DIANA V. 210 MIZNER BLVD. #109 BOCA RATON, FL. 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DIANA V. ESCOBAR, PRES. 03/08/07			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		