


# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # <b>PO500098924</b>	
1. Entity Name <b>D + J CARGO, INC</b>	

FILED  
06 AUG -4 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>770 W. FLAGLER ST</b>	3. Mailing Address <b>770 W. FLAGLER ST.</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33130</b>	Country <b>Miami, Dade</b>

03/29/06 90120 001 \$150.00  
CR2E034B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1256773</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>Dennis Campos</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>127 NW 11TH AVE</b>			
City <b>Miami</b> FL Zip Code <b>33128</b>			

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 \_\_\_\_\_

January - May/1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Dennis A Campos 127 NW 11TH AVE Miami, FL 33128</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT Jose A Campos 127 NW 11TH AVE Miami, FL 33128</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

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