2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141836

13379 SW 32ND ST.

MIRAMAR, FL 33027

Address: City-St-Zip:

Entity Name: TRANSGLOBAL CARGO CARE INC.

FILED Apr 26, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---------------------------------|--|---|--|
| 2401 NW 3 MIAMI, FL | 33 AVENUE 33142 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 2401 NW 3 MIAMI, FL | 33 AVENUE 33142 | | | | |
| FEI Number | : 27-0132800 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of C | urrent Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| | ER WAY ERDALE, FL 33 | | | d efficiency and a sure to a bank | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P () CADET, JOSEPI 4126 AMBER W FT. LAUDERDAI | AY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () CADET, JOSEPI 2495 SW 167 TI MIRAMAR, FL 3 | ERR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | ST () CADET, STROU | Delete D | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: STROUD CADET ST 04/26/2006