

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90162 001 ***150.00

DOCUMENT # P06000030777
1. Entity Name G.D. Cargo Envios Corp.

DO NOT WRITE IN THIS SPACE

40059300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1002 W. Hallandale Beach Blvd. Suite, Apt. #, etc.		3. Mailing Address 1002 W. Hallandale Beach Blvd. Suite, Apt. #, etc.	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
Zip 33009-5272	Country USA	Zip 33009-5272	Country USA
4. FEI Number 20-4462241		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
Garcia, Segundo A.
Street Address (P.O. Box Number is Not Acceptable)
622 S.W. 11th St.

City
Hallandale Beach FL Zip Code
33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Garcia, Segundo A. 622 S.W. 11th st. Hallandale Beach, FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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

Segundo A. Garcia 04-13-07

Date

954-455-0095

Daytime Phone #

CR2E034B (12/02)