2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P06000088864** 04-23-2007 90280 010 ***150.00 1. Entity Name PLUS CARGO USA INC. Principal Place of Business Mailing Address **TUUI** 6915 RED ROAD 6915 RED ROAD **SUITE 214** SUITE 214 CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8317 NW 66 STREET 8317 NW 66 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E034 (12/06) 4. FEI Number 20-5/463/8 City & State City & State Applied For MIAMIL MIAMI I Not Applicable Country , Country 33/66 \$8.75 Additional 33/66 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAO BENTO, OLIMPIO Street Address (P.O. Box Number is Not Acceptable) 6915 RED ROAD SUITE 214 CORAL GABLES, FL 33143 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAVALLE, MARIA NAME LAVALLE, MARIA 83/7 NW 66 5T. MIAMI, FL 33/66 6915 RED ROAD, SUITE 214 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33143 CITY-ST-7(P CRTY-ST-7JP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MARAVI. ALDO MARAVI, ALDO NAME NAME STREET ADDRESS 6915 RED ROAD, SUITE 214 STREET ADDRESS 8317 NW GG ST. CITY-ST-ZIP CORAL GABLES, FL 33143 CITY+ST-ZIP MIAMI . FL 33/66 TITLE Delete TITLE ☐ Change ☐ Addition NAME SAO BENTO, OLIMPIO NAME STREET ADDRESS 6915 RED ROAD, SUITE 214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ESPINOZA CESAR A. 8317 NW 66 5T. MIAMILIFL 33/66 NAME ESPINOZA, CESAR A NAME 6915 RED ROAD, SUITE 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33143 CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.: ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of vustee 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.

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