

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90049 049 ***150.00

DOCUMENT # P07000002478

1. Entity Name
OXY CARGO CORPORATION



Principal Place of Business
5525 NW 74TH AVENUE
MIAMI, FL 33166

Mailing Address
5525 NW 74TH AVENUE
MIAMI, FL 33166

40068026



2. Principal Place of Business - No P.O. Box #
1345 NW 98 CT.

3. Mailing Address
1345 NW 98 CT.

Suite, Apt. #, etc.
Bldg. A #6

Suite, Apt. #, etc.
Bldg. A #6

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33172

Zip Country
33172

04052008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8250451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARENAS, CARLOS
5525 NW 74TH AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1345 NW 98 CT.
Bldg. A #6
City MIAMI FL Zip Code 33172

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARENAS, CARLOS	
STREET ADDRESS	5525 NW 74TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1345 NW 98 CT, Bldg. A #6	
CITY-ST-ZIP	33172	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE LUIS DIEZ	
STREET ADDRESS	1345 NW 98 CT, Bldg. A #6	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: