


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000076724					
1. Entity Name NAVI CARGO EXPRESS USA, INC.					
Principal Place of Business 2655 LEJEUNE RD # 507 CORAL GABLES, FL 33134			Mailing Address 2655 LEJEUNE RD # 507 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 39-2064020					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 46TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name: <u>Juan Vicente Urdaneta</u> Street Address (P.O. Box Number is Not Acceptable): <u>2655 Lejeune Road, Suite 507</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>		
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: <u>[Signature]</u> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOZA, JORGE <input type="checkbox"/> Delete 2655 LEJEUNE RD - # 507 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVAS, LIGDEY <input type="checkbox"/> Delete 2655 LEJEUNE RD - # 507 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPINOZA, ADRIANA <input type="checkbox"/> Delete 2655 LEJEUNE RD - # 507 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400129437634 05/14/08--01009--014 ***6600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> ATTESTING IN FACT 4/22/08 3057281519 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
 2008 APR 30 PM 1:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

