

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100573

Entity Name: THRYKON CARGO, CO.

FILED  
Jul 21, 2009  
Secretary of State

## Current Principal Place of Business:

13931 SW 140 STREET  
MIAMI, FL 33186

## New Principal Place of Business:

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 859  
MIAMI, FL 33126

## Current Mailing Address:

13931 SW 140 STREET  
MIAMI, FL 33186

## New Mailing Address:

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 859  
MIAMI, FL 33126

FEI Number: 26-3685689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMORIM, TIAGO  
13931 SW 140 STREET  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

AMORIM, TIAGO  
5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 859  
MIAMI, FL 33126 US

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.

SIGNATURE: TIAGO AMORIM

07/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AMORIM, TIAGO  
Address: 13931 SW 140 STREET  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: AMORIM, LUIS C  
Address: 13931 SW 140 STREET  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: FELIX, FELIPE M  
Address: 13931 SW 140 STREET  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AMORIM, TIAGO  
Address: 5201 BLUE LAGOON DRIVE 8TH, SUITE 859  
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change ( ) Addition  
Name: AMORIM, LUIS C  
Address: 5201 BLUE LAGOON DRIVE 8TH, SUITE 859  
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change ( ) Addition  
Name: FELIX, FELIPE M  
Address: 5201 BLUE LAGOON DRIVE 8TH, SUITE 859  
City-St-Zip: MIAMI, FL 33126

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

SIGNATURE: TIAGO AMORIM

PD

07/21/2009

Electronic Signature of Signing Officer or Director

Date