


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 004 ***150.00

DOCUMENT # P93000028306


1. Entity Name
CARGO MASTERS, INC.



Principal Place of Business 2525 DAVIE ROAD SUITE 370 DAVIE, FL 33317	Mailing Address 2525 DAVIE ROAD SUITE 370 DAVIE, FL 33317
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2. Principal Place of Business 2950 N. Andrews Ave Ext Suite, Apt. #, etc. 100	3. Mailing Address 2950 N. Andrews Ave Ext. Suite, Apt. #, etc. 100
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City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33064	Zip 33064
Country USA	Country USA



03172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HUNT, TERRY E
2525 DAVIE ROAD
SUITE 370
DAVIE, FL 33317

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2950 N. Andrews Ave. Ext, Ste 100
 City
Pompano Beach FL Zip Code
33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD <input type="checkbox"/> Delete	NAME HUNT, TERRY E
STREET ADDRESS 2525 DAVIE ROAD, SUITE 370	
CITY-ST-ZIP DAVIE, FL 33317	
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TERRY BATIA
STREET ADDRESS 2950 N. Andrews Ave. Ext. # 100	
CITY-ST-ZIP Pompano Beach, FL 33064	
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Terry Batia* **X** **4-25-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #