


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90027 035 ***150.00

DOCUMENT # P93000028306 1. Entity Name CARGO MASTERS, INC.					
Principal Place of Business 2950 N. ANDREWS AVE EXT. 100 POMPANO BEACH, FL 33064			Mailing Address 2950 N. ANDREWS AVE EXT. 100 POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 1201 NE 38th Street		3. Mailing Address P.O. Box 70160			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.			
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 65-0462685	
Zip 33334		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33307		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHATIA, TERRY 2950 N. ANDREWS AVE EXT, STE 100 POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1201 NE 38th Street Suite C City Oakland Park FL Zip Code 33334	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
DATE: 4-30-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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 BHATIA, TERRY 2950 N. ANDREWS AVE. EXT #100 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 NE 38th Street Suite C Oakland Park, FL 33334	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-30-07 Daytime Phone # 954 663 8784		