

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057791

FILED
Mar 19, 2009
Secretary of State

Entity Name: CARGO CONNECTION LOGISTICS HOLDING INC.

Current Principal Place of Business:

600 BAYVIEW AVENUE
INWOOD, NY 11096 US

New Principal Place of Business:

446 EAST MEADOW AVENUE
BX-248
EAST MEADOW, NY 11554 US

Current Mailing Address:

600 BAYVIEW AVENUE
INWOOD, NY 11096 US

New Mailing Address:

PO BOX 248
EAST MEADOW, NY 11554 US

FEI Number: 65-0510294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOBRINSKY, JESSE
Address: 600 BAYVIEW AVENUE
City-St-Zip: INWOOD, NY 11096

Title: STD () Delete
Name: GOODMAN, SCOTT
Address: 600 BAYVIEW AVENUE
City-St-Zip: INWOOD, NY 11096

Title: V (X) Delete
Name: UDELL, JOHN L
Address: 600 BAYVIEW AVENUE
City-St-Zip: INWOOD, NY 11096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GOODMAN, SCOTT
Address: PO BOX 248
City-St-Zip: EAST MEADOW, NY 11554

Title: D (X) Change () Addition
Name: DOBRINSKY, JESSE
Address: PO BOX 248
City-St-Zip: EAST MEADOW, NY 11554

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT GOODMAN

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03/19/2009

Electronic Signature of Signing Officer or Director

Date