

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 044 \*\*\*150.00

DOCUMENT # P95000003197

1. Entity Name  
PROFESSIONAL CARTAGE, INC.



Principal Place of Business  
910 NW 106 AVE. CIRCLE  
MIAMI, FL 33172

Mailing Address  
910 NW 106TH AVENUE CIRCLE  
MIAMI, FL 33172

44049056



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0512547

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOOKEER, EDGAR A  
910 NW 102ND AVENUE CIRCLE  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOOKEER, EDGAR A  
910 NW 102ND AVENUE CIRCLE  
MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
44049056

**PROFESSIONAL CARTAGE, INC.**  
**910 NW 106<sup>th</sup> AVENUE CIRCLE**  
**MIAMI, FL. 33172.**

Miami Florida

July 12<sup>th</sup>, 2004

Florida Department of State  
Division of Corporation.  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report  
Corporate #P95000003197  
PROFESSIONAL CARTAGE, INC.

Dear Sir;

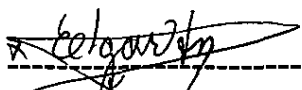
Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # for the amount of \$150.00, to paid the above Annual fee and for year 2004..

Please accept this payment, because we do not received any documentation for the annual report in this year from the State of Florida Division of Corporation.

-----If you need any more information please do not hesitate to contact me.-----

Sincerely yours,

**PROFESSIONAL CARTAGE, INC.**

  
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**EDGAR HOOKER.**  
**President.**