

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90279 046 \*\*\*150.00

**DOCUMENT # P95000035501**

1. Entity Name  
**CARGA, INC.**



Principal Place of Business  
**466 ARDSLEY BLVD.  
GARDEN CITY SO. NY 11530  
US**

Mailing Address  
**466 ARDSLEY BLVD  
C  
GARDEN CITY NY 11530**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**5045 Wiles Rd.  
Suite, Apt. #, etc.  
Apt. 308  
City & State  
Coconut Creek, FL  
Zip  
33073  
Country  
U.S.A.**

3. Mailing Address  
**5045 Wiles Rd  
Suite, Apt. #, etc.  
Apt. 308  
City & State  
Coconut Creek, FL  
Zip  
33073  
Country  
USA**

4. FEI Number **65-0578343**  
Applied For  
Not Applicable

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

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

**GARCIA, RODOLFO  
3914 HAWKS COURT  
WESTON FL 33331**

**7. Name and Address of New Registered Agent**

Name **Carlos Morales**  
Street Address (P.O. Box Number is Not Acceptable)  
**5045 Wiles Rd  
Apt. 308  
City  
Coconut Creek FL Zip Code  
33073**

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

*[Signature]* **Carlos Morales**  
(NOTE: Registered Agent signature required when reinstating)

**4/18/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input type="checkbox"/> Delete
NAME	MORALES, CARLOS	
STREET ADDRESS	13447 NW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	AMPUDIA, MARIA G	
STREET ADDRESS	13447 NW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CARLOS	
STREET ADDRESS	5045 Wiles Rd Apt. 308	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMPUDIA, MARIA G	
STREET ADDRESS	5045 Wiles Rd, Apt. 308	
CITY-ST-ZIP	Coconut Creek, FL 33073	
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: *[Signature]* **Carlos Morales**

**4/18/04**

Date Daytime Phone #