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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90043 010 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000067018

1. Entity Name
LIFE CARGO INC.

400100-

Principal Place of Business	Mailing Address
7301 NW 41ST STREET UNIT #C MIAMI, FL 33166 US	7301 NW 41ST STREET UNIT #C MIAMI, FL 33166 US

01142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8578 N.W. 76 ST.	8578 N.W 76 ST
Suite, Apt #, etc	Suite, Apt. #, etc
City & State: MIAMI Fl.	City & State: MIAMI Fl.
Zip: 33166 Country: Miami-Dade.	Zip: 33166 Country: Miami-Dade

4. FEI Number 65-0607856 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEAO, SERGIO S 7301 NW 41ST ST UNIT C MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) 8578 N. W 76 ST City MIAMI FL Zip Code 33166.

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 $150.00
After May 1, 2006 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEAO, SERGIO S 10355 NW 48TH ST DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 02/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #