2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000086054

1. Entity Name
ABA CARGO, INC.

Principal Place of Business	Mailing Address
6188 N.W. 74TH AVENUE MIAMI, FL 33166	6188 N.W. 74TH AVENUE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0623916
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROZENTZVAIG, CLAUDIO
6188 NW 74TH AVENUE
MIAMI, FL 33166

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000083135
03/10/04-80026-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROZENTZVAIG, CLAUDIO
STREET ADDRESS	1115 SAN PEDRO AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	ROZENTZVAIG, ELCA
STREET ADDRESS	1115 SAN PEDRO AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Elca Rozentzvaig ELCA ROZENTZVAIG 3/8/04 305-593-1786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #