

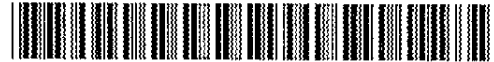
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P95000086054 1. Entity Name ABA CARGO, INC.	
--	---

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

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

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 NAME STREET ADDRESS CITY - ST - ZIP	D ROZENTZVAIG, CLAUDIO 1115 SAN PEDRO AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROZENTZVAIG, ELCA 1115 SAN PEDRO AVE. 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)(f), 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** **305-5931786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #