2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-08-2005 90009 040 ***150.00

DOCUMENT # P96000067311

1. Entity Name
CTC CARGO, INC.

66004313

Principal Place of Business	Mailing Address
5255 COLLINS AVE STE116 MIAMI, FL 33140 US	5255 COLLINS AVE 11-C MIAMI, FL 33140 US

01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0692868
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CERVERA, CECILIA T
5255 COLLINS AVE
STE 118 C
~~FLORAHOME~~, FL 32140
MIAMI BEACH, FL. 33140

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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERVERA, CELILIA T
STREET ADDRESS	~~600 NE 36TH STREET~~ 5255 Collins Ave.
CITY-ST-ZIP	~~MIAMI, FL 33137~~
TITLE	D
NAME	MAGUIRE, MELISSA
STREET ADDRESS	~~600 NE 36TH STREET~~ 4423 Alton Rd.
CITY-ST-ZIP	~~MIAMI, FL 33137~~ Miami Beach, Fl 33140
TITLE	D
NAME	MAGUIRE, CHRISTINA
STREET ADDRESS	600 NE 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
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: Cecilia T Cervera 3/6/05 305-861-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #