


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90361 009 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000093672			
1. Entity Name TNC CARGO & TRADING CORP.			
Principal Place of Business 132 MINORCA AVENUE CORAL GABLES, FL 33134 US		Mailing Address 132 MINORCA AVENUE CORAL GABLES, FL 33134 US	
2. Principal Place of Business 12550 Biscayne Blvd.		3. Mailing Address 12550 Biscayne Blvd.	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL	
Zip 33181	Country DADE	Zip 33181	Country DADE
4. FEI Number 65-0712905		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ORTIZ, FERNANDO ESQ. 132 MINORCA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TEIXERA NUNES, WALTER RUA BUENOS AIRES, 90 / 8AND RIO DE JANEIRO, RJ 20070021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TEIXERA NUNES, TATHIANA N RUA BUENOS AIRES, 90 / 8AND RIO DE JANEIRO, RJ 20070021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEIXERA NUNES, WALTER N RUA BUENOS AIRES, 90 / 8AND RIO DE JANEIRO, RJ 20070021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGER LEONAN A.P. SIROVICH R. MIN VILHOS DE CASTRO, 32 / 104 RIO DE JANEIRO RJ 22021010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			