FILED
Mar 23, 2007 08:00
Secretary of Stat

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000093672

1. Entity Name
TNC CARGO & TRADING CORP.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181 US	12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181 US

03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, FERNANDO ESQ.
132 MINORCA AVENUE
CORAL GABLES, FL 33134

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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, 2007 Fee will be $550.00

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

U00000677008
03/30/07-80086-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TEIXERA NUNES, WALTER
STREET ADDRESS	RUA BUENOS AIRES, 90 / 8AND
CITY-ST-ZIP	RIO DE JANEIRO, RJ 20070021
TITLE	DVP
NAME	TEIXERA NUNES, TATHIANA N
STREET ADDRESS	RUA BUENOS AIRES, 90 / 8AND
CITY-ST-ZIP	RIO DE JANEIRO, RJ 20070021
TITLE	DT
NAME	TEIXERA NUNES, WALTER N
STREET ADDRESS	RUA BUENOS AIRES, 90 / 8AND
CITY-ST-ZIP	RIO DE JANEIRO, RJ 20070021
TITLE	MGR
NAME	SIROVICH, LEONAN A.P.
STREET ADDRESS	R. MIN VIVETROS DE CAESTRO 32/104
CITY-ST-ZIP	RIO DE SANEIRO, RJ 22021010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PD _____ march 16th 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #