2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 23, 2006 08:00 A DOCUMENT # P97000092450 **Secretary of State** 1. Entity Name TRANSFER CARGO INC. Principal Place of Business Mailing Address 1049 SW 150 PL 1049 SW 150 PL MIAMI, FL 33194 MIAMI, FL 33194 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0789833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAMORRO, GLENDA D DO NOT WRITE 1049 SW 150 PL MIAMI, FL 33194 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 TIATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITE PD CHAMORRO, GLENDA D STREET ADDRESS 1049 SW 150 PL CITY-ST-ZIP MIAMI, FL 33194 VD TITLE U1/3U/U6-8UU8S-020 150. CORREA, CAMILIO 1049 SW 150 PL STREET ADDRESS MIAMI, FL 33194 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or subclemental 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 attrichment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR