2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005523

1. Entity Name
GOODWAY CARGO INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
2801 N.W. 74TH AVENUE SUITE 102 MIAMI, FL 33122 US	441 S. STATE RD. 7 #15 MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0807657
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DASILVA, JOSE
405 S.W. 205TH AVENUE
PEMBROKE PINES, FL 33029

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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, 2004 Fee will be $550.00

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

U00000077899
03/05/04 00006-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHEQUETTI, MITTERMAYER
STREET ADDRESS	441 S. STATE RD. 7 #15
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	D
NAME	MARTINS DA SILVA, MARCOS A
STREET ADDRESS	441 S. STATE RD. 7 #15
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	D
NAME	DA SILVA, JOSE
STREET ADDRESS	441 S. STATE RD. 7 #15
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 3/02/2004 305 436-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #