

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 023 ***150.00

DOCUMENT # P98000005523

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



Principal Place of Business
**2801 N.W. 74TH AVENUE
SUITE 102
MIAMI, FL 33122 US**

Mailing Address
**441 S. STATE RD. 7 #15
MARGATE, FL 33068**

50002828



2. Principal Place of Business
2801 N.W. 74th AVE.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State

4. FEI Number
65-0807657

Applied For
☐ Not Applicable

Zip
33122

Country
US

Zip

Country

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**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEQUETTI, MITTERMAYER
441 S. STATE RD. 7 #15
MARGATE, FL 33068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINS DA SILVA, MARCOS A
441 S. STATE RD. 7 #15
MARGATE, FL 33068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DA SILVA, JOSE
441 S. STATE RD. 7 #15
MARGATE, FL 33068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Jose A. Dasilva* **JOSE A. DASILVA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2005
Date

305 436-2828
Daytime Phone #