


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90186 025 \*\*\*150.00

<b>DOCUMENT # P98000005523</b> 1. Entity Name <b>GOODWAY CARGO INTERNATIONAL FREIGHT FORWARDERS, INC.</b>	
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Principal Place of Business <b>2801 N.W. 74TH AVENUE SUITE 202 MIAMI, FL 33122 US</b>	Mailing Address <b>441 S. STATE RD. 7 #15 MARGATE, FL 33068</b>
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40001200

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address <b>3333 W.COMMERCIAL BLVD SUITE 110 FT. LAUDERDALE, FL 33309 USA</b>
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01092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0807657</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DASILVA, JOSE 405 S.W. 205TH AVENUE PEMBROKE PINES, FL 33029</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEQUETTI, MITTERMAYER 441 S. STATE RD. 7 #15 MARGATE, FL 33068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS DA SILVA, MARCOS A 441 S. STATE RD. 7 #15 MARGATE, FL 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, JOSE 441 S. STATE RD. 7 #15 MARGATE, FL 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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.
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JOSE A. DASILVA	1/09/2006	305 436-2888
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, TANIA 3333 W.COMMERCIAL BLVD.SUITE 110 FT.LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS DA SILVA, MARCOS A 3333 W.COMMERCIAL BLVD.SUITE 110 FT.LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, JOSE 3333 W.COMMERCIAL BLVD.SUITE 110 FT.LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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