2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Jan 18, 2005 08:00 AM **DOCUMENT # P98000013159** Secretary of State 1. Entity Name J.H. ĆARGO, INC. Principal Place of Business Mailing Address 9970 SW 39 TERRACE 9970 SW 39 TERRACE MIAMI, FL 33165 No Chg-P CR2E034 (10/03) 01142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0813762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORONADO, RAMONA DO NOT WRITE 7360 CORAL WAY SUITE 21 IN THIS SPACE MIAMI, FL 33155 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSD** TITLE BLANCO, JOAQUIN J NAME STREET ADDRESS 9970 S.W. 39TH TERRACE CITY-ST-ZIP MIAMI, FL 33165 MT/ĬŠ/Ö5-8ÕÕĬÕ-020 150.00 PVD TITLE NAME BLANCO, BARBARA STREET ADDRESS 9970 S.W. 39TH TERRACE CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #