## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 08:00 A Secretary of State

DOCUMENT # P98000013159  1. Entity Name J.H. CARGO, INC.				Secretary of St			
Principal Plac 9970 SW 39 MIAMI, FL 3	TERRACE	Mailing Address 9970 SW 39 TERRACE MIAMI, FL 33165					
					<b>                                  </b>		
· <b>D</b>	O NOT WRITE	IN THIS SPA	CE	03132008	No Chg-P	CR2E034 (1	1/05) Applied For
, , , , , , , , , , , , , , , , , , ,				4. FEI No De 65-081			Not Applicable
, A				5. Certificate	of Status Desired		5 Additional equired
·	6. Name and Address of Current Ro	gistered Agent	The Part of the Pa			inere in	
CORONADO, RAMONA 7360 CORAL WAY					NOT WI	•	
SUITE 21 MIAMI, FL 33155				IN 7	THIS SPA	ACE	
		<u> </u>					
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	d Agent signature required	I when reinstating)	<u>U0000</u> 04/03/09	09914 <u>92</u>	04 450 00	
		9. Election Campaign Finar		.00 May Be	04703703	<u>∺रा।भिर्यल्ज</u> [1	<u>94 150.00  </u>
After M:	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	· -		ed to Fees			
10.	OFFICERS AND DI	RECTORS			27	4	
NAME STREET ADDRESS	BLANCO, JOAQUIN J 9970 S.W. 39TH TERRACE		5				1 1
CITY-ST-ZIP	MIAMI, FL 33165						
NAME	PVD BLANCO, BARBARA		6. 1	:	•		
STREET ADDRESS CITY-ST-ZIP	9970 S.W. 39TH TERRACE MIAMI, FL 33173						*
TITLE NAME					4, 1		
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	14. 为
. TITLE NAME	<del></del>			IN T	NOT W	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS				• • • • • • •			
CITY-ST-ZIP			1				
NAME STREET ADDRESS						1994 1	
CITY-ST-ZIP				Touris S.			

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.

SIGNATURE: JOHN J. Blone By K. C.

3/13/08 (305) 267-1092