

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT# P99000011948

1. Entity Name
P.T.C. CARGO, INC.



Principal Place of Business

11301 S ORANGE BLOSSOM TRL
SUITE 201
ORLANDO, FL 32837

Mailing Address

11301 S ORANGE BLOSSOM TRL
SUITE 201
ORLANDO, FL 32837



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3563534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORTES, FABIAN J
11301 S. ORANGE BLOSSOM TRAIL
STE. 201
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

069000148313
05/03/04-80142-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORTES, FABIAN J
STREET ADDRESS	1301 S. ORANGE BLOSSOM TRAIL #201
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	TD
NAME	CORTES, MONIK
STREET ADDRESS	11301 S ORANGE BLOSSOM TRL SUITE 201
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	O
NAME	TURUSHINA, PATRICIA
STREET ADDRESS	1227 WELSON RD.
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 (321)228-7715