

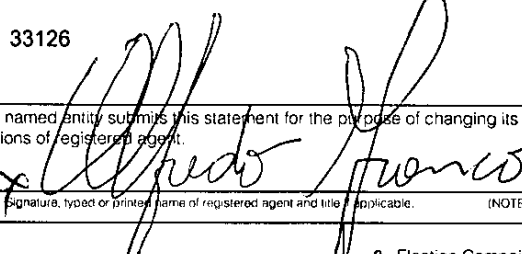
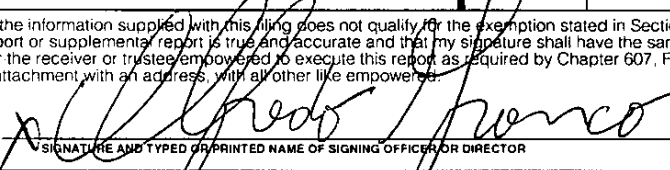


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

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| DOCUMENT # P99000039104 1. Entity Name CARGOSUR EXPRESS CORPORATION | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6992 N.W. 51 ST. MIAMI, FL 33166 | | | Mailing Address 6992 N.W. 51 ST. MIAMI, FL 33166 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 7955 NW 12 Street 400 | | 3. Mailing Address Suite, Apt. #, etc. 7955 NW 12 Street 400 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | | 4. FEI Number 65-0916940 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33126 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent FRANCO, ALFREDO.F 7925 NW 12 STREET STE 318 MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12 Street Suite 400 City MIAMI FL 33126 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRANCO, ALFREDO F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8160 GENEVA CT., BLDG. A-410</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table> | | | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | FRANCO, ALFREDO F | | STREET ADDRESS | 8160 GENEVA CT., BLDG. A-410 | | CITY-ST-ZIP | MIAMI, FL 33166 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">7955 NW 12 STREET Suite 400</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI, FL. 33126</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 7955 NW 12 STREET Suite 400 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MIAMI, FL. 33126 | | STREET ADDRESS | | | 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |