2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

CATURE AND TYPED OR PRINTED HAME OF SE

Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # P99000107124 1. Entity Name AVENEZUELA EXPRESS CARGO, CORP. Principal Place of Business Mailing Address 6408 NW 82ND AVENUE 6408 NW 82ND AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0969541 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMERO, DOMINGO 6408 NW 82ND AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE THILE Delete ☐ Change Addition ROMERO, DOMINGO NAME NAME U000000082710 STREET ADDRESS 6408 NW 82ND AVENUE STREET ADDRESS 03/10/04-80005-025 150.00 CITY-ST-ZIP MIAMI FL 33166 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, HENRY U NAME NAME 6408 NW 82ND AVENUE STREET ADDRESS STREET ADDRESS CITY-SY-ZIP MIAMI FL 33166 CRTY-ST-ZIP ۷P TITLE Delete TITLE Change ☐ Addition NAME LA CRUZ, GIOVANNA NAME STREET ADDRESS 6408 NW 82ND AVENUE STREET ADORESS CETY - ST- 78P CITY-ST-ZIP MIAMI FL 33166 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP ☐ Defete TETLE Change ☐ Addition MARKE NASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 triblee 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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