

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S60510

1. Entity Name
JACOL CARGO, INC.



Principal Place of Business
**7168 NW 50 ST.
MIAMI, FL 33166**

Mailing Address
**7168 NW 50 ST.
MIAMI, FL 33166**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0273901

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIRALDO, JAIRO
4360 SW 152 AVENUE
MIRAMAR, FL 33027**

**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 registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRALDO, JAIRO 4360 SW 152 AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIRALDO, COLOMBIA 4360 SW 152 AVE MIRAMAR, FL
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IN THIS SPACE**

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04/27/05-80124-001 150.00

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 #