2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

rabio

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # S76417 04-22-2005 90272 045 ***150.00 1. Entity Name DATA CARGO CO., INC. Principal Place of Business Mailing Address 20041356 8757 NW 35TH LANE 8757 NW 35TH LANE MIAMI, FL 33172 US MIAMI, FL 33172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0287463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUGGIERO, FABIO CAETANO Street Address (P.O. Box Number is Not Acceptable) 20000 NE 36TH PL MIAMI, FL 33139 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME RUGGIERO, FABIO CAETANO NAME 20000 N E 36TH PLACE STREET ADDRESS STREET ADDRESS AVENTURA, FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition RUGGIERO, MARIA H NAME NAME STREET ADDRESS 20000 NE 36TH PLACE STREET ADDRESS AVENTURA, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE RUGGIERO, RENATO NAME NAME 20000 NE 36TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL CITY-ST-ZIP Change ☐ Delete TITLE TITLE ☐ Addition Ana Paula Apfel 555 N.F. 34 Str NAME RUGGIERO, ANA PAULA NAME STREET ADDRESS 20000 NE-36TH PLACE STREET ADDRESS AVENTURA, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of supplimental 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 attackment with an address, with all other like empowered. 12. I hereby certify that the informa-

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Daytime Phone #