

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S83630**

1. Entity Name  
**NATIONWIDE CARGO SERVICE, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 267518      PO BOX 267518**  
**FORT LAUDERDALE, FL 33326 US      FORT LAUDERDALE, FL 33326 US**

**DO NOT WRITE IN THIS SPACE**



01252005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBLEDO, ANTHONY**  
**8180 NW 36TH, 100**  
**MIAMI, FL 33166**

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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 reappointing)

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      PSD  
NAME      PRICE, WALTER S  
STREET ADDRESS      PO BOX 267518  
CITY-ST-ZIP      WESTON, FL 33326

TITLE  
NAME  
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03/09/05-80031-016 150.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #