

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01985

FILED
Mar 24, 2009
Secretary of State

Entity Name: TCL CARGO SERVICES, INC.

Current Principal Place of Business:

8900 NW 35TH LANE
SUITE 130
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8900 NW 35TH LANE
SUITE 130
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0304101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CURE, NADINE
8900 NW 35TH LANE
SUITE 130
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTY, NORMAN
Address: 13964 SW 157 ST
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: SARDINAS, EVERALDO
Address: 15735 SW 88 CT
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: ESPINET, PETER
Address: 10240 E CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CURE, NADINE
Address: 4501 NW 24 ST
City-St-Zip: LAUDERHILL, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN PATTY

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date