

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P07000028631



1. Entity Name  
**AMAX CARGO, CORP.**

Principal Place of Business  
**812 NW 173RD TERR  
 PEMBROKE PINES FL 33029**

Mailing Address  
**812 NW 173RD TERR  
 PEMBROKE PINES FL 33029**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, PEDRO A  
 812 NW 173RD TERR  
 PEMBROKE PINES FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 constituting.

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME DP  
 STREET ADDRESS MARTINEZ, PEDRO A  
 CITY-ST-ZIP 812 NW 173RD TERR  
 PEMBROKE PINES FL 33029

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 U00000854640  
 03/27/08-80016-016 150.00

TITLE  Delete  
 NAME DV  
 STREET ADDRESS MARTINEZ, CECILLIA  
 CITY-ST-ZIP 812 NW 173RD TERR  
 PEMBROKE PINES FL 33029

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME DS  
 STREET ADDRESS MARTINEZ, MARTHA  
 CITY-ST-ZIP 812 NW 173RD TERR  
 PEMBROKE PINES FL 33029

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Quatino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10/08

Date

954-437-1591

Telephone No.