


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # F99000004871
 1. Entity Name
 PORT AIR CARGO INTERNATIONAL CORP.



Principal Place of Business Mailing Address
 152-72 ROCKAWAY BLVD 152-72 ROCKAWAY BLVD
 JAMAICA, NY 11434 JAMAICA, NY 11434

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2504031	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WELLER, BRIAN
 7925 NW 12TH STREET
 SUITE 112
 MIAMI, FL 33126

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: Brian Weller DATE: 3/7/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000664565
 03/22/07-60049-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYES, EUGENE F
STREET ADDRESS	152-60 ROCKAWAY BLVD
CITY-ST-ZIP	JAMAICA, NY 11434
TITLE	S
NAME	HAYES, BETTY
STREET ADDRESS	152-60 ROCKAWAY BLVD
CITY-ST-ZIP	JAMAICA, NY 11434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eugene Hayes DATE: 3/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #