


**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 040 \*\*\*158.75

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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



Principal Place of Business 152-72 ROCKAWAY BLVD JAMAICA, NY 11434	Mailing Address 152-72 ROCKAWAY BLVD JAMAICA, NY 11434
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**66007585**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2504031	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <b>158.75</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: [Signature] **6617600**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #