2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED WAME OF SIGN

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P98000001686** 05-02-2005 90506 037 ***150.00 1. Enlity Name U.S.A. AIRFREIGHT TRANSPORTATION, INC. Principal Place of Business Mailing Address 5770 S.W. 149 AVENUE 5770 S.W. 149 AVENUE 1119 MIAMI, FL 33193 US MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FFI Number Not Applicable 65-0811074 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANELA, JACQUELINE C Street Address (P.O. Box Number is Not Acceptable) U.S.A. AIRFRIEGHT TRANSPORTATION, INC. 5770 S.W. 149 AVENUE MIAMI, FL 33193 City 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. 4-25-0 SIGNATURE Signature, typed or prin DATE Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete Change ☐ Addition TITLE CANELA, JACQUELINE C NAME 5770 SW 149 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition CANELA, JORGE NAME NAME STREET ADDRESS 5770 SW 149 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP Change TITLE Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

G OFFICER OR DIRECTOR

FILED

Daylima Phone #