

FROM : CASTILLO & ASSOCIATES INC.

PHONE NO. : 3056493403

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90005 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085352

Entity Name

ALL AMERICAN AIR FREIGHT, INC.

Principal Place of Business

9135 NW. 96 STR
MEDLEY, FL, 33178

Mailing Address

9135 NW. 96 STREET
MEDLEY, FL, 33178

A0063369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0950227

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

BOGANTES, ANABELLE
9135 NW. 96 STREET
MEDLEY, FL, 33178

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.

ANABELLE BOGANTES
PRESIDENT

4/27/01

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remodeling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NUMBER FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
POB	BOGANTES, ANABELLE	9135 NW. 96 STREET	MEDLEY, FL, 33178	<input type="checkbox"/>
JPD	MORENO, PASTOR	9135 NW. 96 STREET	MEDLEY, FL, 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 the 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANABELLE BOGANTES
PRESIDENT

4/27/01 (305) 883-0611

DATE

TELEPHONE NUMBER