

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90046 047 ***150.00

DOCUMENT # P04000067458

1. Entity Name
QUANTUM CARGO & AVIATION SERVICES, INC.




Principal Place of Business Mailing Address
9821 NW 80TH AVENUE **9821 NW 80TH AVENUE**
BAY 5-T **BAY 5-T**
HIALEAH GARDEN, FL 33016 **HIALEAH GARDEN, FL 33016**

2. Principal Place of Business - No. P.O. Box # 3. Mailing Address
1550 NW 89 ct **1550 NW 89 ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL **Miami FL**
 Zip Country Zip Country
33172 **USA** **33172** **USA**

40001111



02182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KIM, MERCED MRS
9821NW 80TH AVENUE
BAY 5-T
HIALEAH GARDEN, FL 33016

Name **Jesse M. CRUZ**
 Street Address (P.O. Box Number is Not Acceptable)
1550 NW 89 ct
 City **MIAMI** FL Zip Code **33172**

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 *X* **Jose V. Grande** **Jose V. GRANDE** **02-21-2008**
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, 2008 Fee will be \$550.00

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	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCED, KIM L	NAME	JOSE V. GRANDE
STREET ADDRESS	100 KINGS POINT DRIVE, APT 1010	STREET ADDRESS	1550 NW 89 ct MIAMI, FL 33172
CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160	CITY-ST-ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jesse M CRUZ
STREET ADDRESS		STREET ADDRESS	1550 NW 89 ct Miami FL 33172
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MODESTO GRANDE
STREET ADDRESS		STREET ADDRESS	1550 NW 89 ct MIAMI FL 33172
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *X* **Jose V. Grande** **Jose V. GRANDE** **02-21-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #