

• **2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 367606**

1. Entity Name  
**AIRCARGO BROKERAGE CO.**



Principal Place of Business

**7278 NW 58TH STREET  
MIAMI, FL 33166 US**

Mailing Address

**7278 NW 58TH STREET  
MIAMI, FL 33166 US**



06082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1301941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SILVERS, BARRY  
7278 NW 58TH STREET  
MIAMI, FL 33166**

**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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
SILVERS, BARRY  
1408 S. BAYSHORE DR., APT. 1405  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HENNEGAN, ELIMINA G  
20520 LEEWARD LN.  
MIAMI, FL 33189**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHWAM, EUGENE  
845 NE 178 ST.  
NORTH MIAMI BEACH, FL 33162**

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**

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06/17/05-80001-013 150.00

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:

**BARRY SILVERS PRES**

**6-8-05 3055922670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #