2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with

SIGNATURE:

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # 683706 1. Entity Name 04-04-2006 90047 046 ***150.00 FEDERAL AIR FREIGHT CORPORATION Principal Place of Business Mailing Address 4470 S W 74TH AVE MIAMI FL 33155 4470 S W 74TH AVE MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2079247 Not Applicable Zip Country Zip 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 Name WERTHEIM, HERBERT A. Street Address (P.O. Box Number is Not Acceptable) 4470 SW 74TH AVENUE **MIAMI FL 33155** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME WERTHEIM, HERBERT A NAME STREET ADDRESS STREET ADDRESS 4470 S.W. 74 AVE. MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE VD TITLE Change Addition Delete NAME WERTHEIM-BRUMER, VANESSA V NAME STREET ADDRESS STREET ADDRESS 4470 SW 74 AVE CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition WERTHEIM-ZOHAR, ERICA V NAME STREET ADDRESS 4470 SW 74 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling eximindicated on this report or supplemental report is the and accurate the corporation or the receiver or treats a supplemental to be a supplemental report in the corporation or the receiver or treats a supplemental to be a supple qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

305-264-4465

FILED