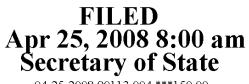
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # 683706**

SIGNATURE:



305-264 4465

T. EDMY Man	ne .			綴し 04-25-2008 90113 004 ***150.00
FEDERAL AIR FREIGHT CORPORATION				9 2000 9 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0
Principal Place of Business 4470 S W 74TH AVE MIAMI FL 33155		Mailing Address 4470 S W 74TH AVE MIAMI FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEt Number
Zip	Country	Zip	Country	5 Cartificate of Status Deputed \$8.75 Additional
***************************************				Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
WERTHEIM, HERBERT A.			11,2715	
447	O SW 74TH AVENUE MI FL 33155		Street Addre	es (P.O. Box Number is Not Acceptable)
·	· :		City	FL Zip Code
8. The above the obliga SIGNATURE	tions of registered agent.		s registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept purpose the state of Florida. I am familiar with, and accept purpose the state of Florida. I am familiar with, and accept purpose the state of Florida. I am familiar with, and accept purpose the state of Florida.
After Make Chec	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE MAME STREET ADDRESS CITY+ST-ZIP	PD WERTHEIM, HERBERT A 4470 S.W. 74 AVE. MIAMI FL 33155	□ Do¦dic	HITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	VD WERTHEIM-ZOHAR, ERICA V 4470 SW 74 AVE MIAMI FL 33155	Delete	TITLE NAME STREFT ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE TEME STREET ADDRESS CITY-ST-ZIP		☐ Darete	ITTLE SMME STREET ADDRESS CITY-ST-ZIP	Change Addition
THEE NAME STREET ADDRESS CHY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
MILE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deiele	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Defale	TITLE NAME STREET ADDRESS CHY ST-ZIP	☐ Change ☐ Addition
12. I hereby indicated of the could change	certify that the information supplied with fon this report or supplemental report is reportation or the receiver or trustice or the ed, or on an attachment with an applica-	h the fill of does and qualify the first and according report that secure this report with the suppose of the s	for the exemptions ont my signature shall have by Chapter by Chapter ad.	nined in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director in 607. Florida Statutes; and that my name appears in Block 10 or Block 11