2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003733

Entity Name: ALL STATES AIR CARGO, INC.

4 LAKESIDE DRIVE SOUTH

FORKED RIVER, NJ 08731

Address: City-St-Zip: FILED Jul 05, 2007 Secretary of State

Entity Nar	ne: ALLSTAT	ES AIR CARGO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DE DRIVE SOL RIVER, NJ 08				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DE DRIVE SOL RIVER, NJ 08				
FEI Number:	22-1715393	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
TANNER, KENDRA 1 PREMIUM RD. JACKSONVILLE, FL 32225 US				TANNER, KENDRA 13053 PENSHURST LANE WINDERMERE, FL 34786 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				07/05/2007	
	Electror	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (DI GIRALOMO 4 LAKESIDE D FORKED RIVE	RIVE SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (THEILE, BARTO 4 LAKESIDE D FORKED RIVE	RIVE SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () STRATTON, CF) Delete RAIG D	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CRAIG STRATTON SD 07/05/2007