


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004843</b> 1. Entity Name <b>STARLIFT LOGISTICS, INC.</b>	
---	---

Principal Place of Business <b>84 COIT STREET IRVINGTON, NJ 07111</b>	Mailing Address <b>84 COIT STREET IRVINGTON, NJ 07111</b>
--	--

**DO NOT WRITE IN THIS SPACE**

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3401541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MEINERTZ, JANNE  
405 ATLANTIS ROAD SUITE A  
CAPE CANAVERAL, FL 32920**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000104798 04/06/04-80026-002 150.00</b>
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEVINS, JON 84 COIT STREET IRVINGTON, NJ 07111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MITCHELL, KEITH 84 COIT STREET IRVINGTON, NJ 07111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHAMBERS, DARRYL 84 COIT STREET IRVINGTON, NJ 07111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FOSSE, MERYL 84 COIT STREET IRVINGTON, NJ 07111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Meryl Fosse **3/30/04** **973-3517272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #