


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F54952**

1. Entity Name  
TRANSWAY AIRFREIGHT CARGO, INC.



Principal Place of Business      Mailing Address

2205 NW 70 AVE      2205 NW 70 AVE  
MIAMI, FL 33122 US      MIAMI, FL 33122 US

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
59-2170259      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASADO, LILO  
2205 NW 70 AVENUE  
MIAMI, FL 33122

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

1100000390472  
01/23/06-80029-017 150.00

10. OFFICERS AND DIRECTORS

|                 |                 |
|-----------------|-----------------|
| TITLE           | P               |
| NAME            | CASADO, LILO    |
| STREET ADDRESS  | 2205 NW 70 AVE. |
| CITY - ST - ZIP | MIAMI, FL       |
| 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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:       Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR