

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90141 023 ***150.00

DOCUMENT # G84704

1. Entity Name
DIAMOND AIR FREIGHT, INC.



400430

Principal Place of Business
**5815 N.W. 18 ST
BLDG 716 J
MIAMI, FL 33159 US**

Mailing Address
**PO BOX 592736
MIAMI, FL 33159 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 527545
Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
Miami, FL

4. FEI Number
59-2405316

Applied For
☐ Not Applicable

Zip
33152

Country
Dade

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIMO, CARLOS R
5815 N.W. 18 ST., BLDG. 716 J
MIAMI, FL 33126**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
VIMO, CARLOS R
5815 N.W. 18 ST., BLDG. 716 J
MIAMI, FL 33159**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Carlos Vimo* **C. VIMO** *Apr 3 2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

786-268-2861