

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84767

FILED
Mar 11, 2005
Secretary of State

Entity Name: CENTURION AIR CARGO, INC.

Current Principal Place of Business:

1800 N.W. 89 PLACE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

% F. GONZALEZ
1800 N.W. 89 PLACE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-2738544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARVIS, JIM
JARVIS AND ASSOCIATES, P.A.
1500 SAN REMO AVE., STE 145
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOHRER, BILL F
Address: 340 GIRALDA AVE. APT. 717E
City-St-Zip: CORAL GABLES, FL 33134

Title: SV () Delete
Name: ARMENTEROS, YVETTE E
Address: 4325 SW 96TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: TVP () Delete
Name: GONZALEZ, FLORENTINO
Address: 5759 NW 97TH PLACE
City-St-Zip: MIAMI, FL 33178

Title: CEO () Delete
Name: STOCKBRIDGE, WILLIAM D
Address: 17175 TWIN MAPLE LANE
City-St-Zip: LEESBURG, VA 20176

Title: P (X) Delete
Name: MULLIGAN, DAVID P
Address: 4360 N.W. 93 DORAL COURT
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: ULLRICH, PETER F
Address: 444 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPOHRER, BILL F
Address: 1113 CAMPO SANO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TVP (X) Change () Addition
Name: GONZALEZ, FLORENTINO
Address: 6770 INDIAN CREEK DRIVE, APT. 15F
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: YVETTE ARMENTEROS

SV

03/11/2005

Electronic Signature of Signing Officer or Director

Date