## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H84767

Entity Name: CENTURION AIR CARGO, INC.

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1800 N.W. 89 PLACE MIAMI, FL 33172 US **Current Mailing Address: New Mailing Address:** % F. GONZALEZ 1800 N.W. 89 PLACE MIAMI, FL 33172 FEI Number: 59-2738544 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARVIS, JIM JARVIS AND ASSOCIATES, P.A. 1500 SAN REMO AVE., STÉ 145 CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition SPOHRER, BILL F Name: Name: 1113 CAMPO SANO AVENUE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ARMENTEROS, YVETTE E Name: 4325 SW 96TH AVENUE Address: Address: MIAMI, FL 33165 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: TVP () Change () Addition GONZALEZ, FLORENTINO Name: Name: 6770 INDIAN CREEK DRIVE, APT. 15F Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: Title: CEO ( ) Delete Title: () Change () Addition STOCKBRIDGE, WILLIAM D Name: Name: Address: 17175 TWIN MAPLE LANE Address: City-St-Zip: LEESBURG, VA 20176 City-St-Zip: Title: (X) Delete Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: FLORENTINO GONZALEZ VPT 01/11/2006

ULLRICH, PETER F

444 ARVIDA PARKWAY

CORAL GABLES, FL 33156

Name:

Address: City-St-Zip: