

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K87330

1. Entity Name

AIR CARGO DELIVERY SERVICES, INC.



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business
722 TAMiami CAMAL RD.
MIAMI FL 33144

Mailing Address
722 TAMiami CAMAL RD.
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 66-0134328

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PRIETO, JAIME E.
722 TAMiami CAMAL RD.
MIAMI FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PRIETO, JAIME E.
STREET ADDRESS 722 TAMiami CAMAL RD.
CITY - ST - ZIP MIAMI FL 33144

☐ Change ☐ Addition
NAME UN00000658467
STREET ADDRESS 03/15/07-80038-025 150.00
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

J. E. Prieto E. Prieto

3/4/07 786-412-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #