
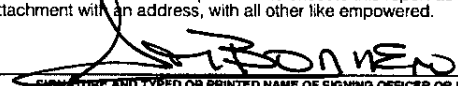


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90025 010 ***150.00

DOCUMENT # L16203			
1. Entity Name SURAIR CARGO, INC.			
Principal Place of Business 3900 NW 79TH AVE, SUITE 490 P.O. BOX 522542 MIAMI, FL 33166		Mailing Address P.O. BOX 522542 MIAMI, FL 33152 US	
2. Principal Place of Business 9300 W. FLAGLER ST.		3. Mailing Address	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33174	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent BORRERO, LUZ MARINA 15307 SW 52 TERRACE SUITE 206 MIAMI, FL 33185		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRERO, LUZ MARINA	NAME	
STREET ADDRESS	15307 S.W. 52 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, GRACIELLA	NAME	
STREET ADDRESS	9310 W. FLAGLER ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSKEY, PAUL	NAME	
STREET ADDRESS	9300 W. FLAGLER ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: April 5, 2004 (305) 477-9966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	