

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M61279 1. Entity Name AUTAIR FREIGHT SERVICES, INC.						<div style="text-align: right;">05 NOV 22 AM 8:46</div> <div style="text-align: right;">STATE OF FLORIDA</div>	
Principal Place of Business 7301 NW 34TH ST MIAMI, FL 33122				Mailing Address 7301 NW 34TH ST MIAMI, FL 33122			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 65-0009168						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWENSTEIN, ELLIOT 2100 SALZEDO ST STE 303 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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 11/22/05--01081--001 **61.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, STEPHEN GARY <input checked="" type="checkbox"/> Delete SUNSET WATERS, 15 RIVERSIDE CHERTSEY SURREY, UNITED KINGDOM,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TITO, JESUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18245 SW 54 PLACE MIAMI FL 33187		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP <input checked="" type="checkbox"/> Delete CARRILLO, TERESA 7301 NW 34 STREET MIAMI, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESQUIVEL, DONNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6229 SW 138 COURT MIAMI FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete WHITAKER, PAUL S 7301 NW 34 ST MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WHITAKER PAUL S 7301 NW 34 ST MIAMI FL 33122		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete MONTENEGRO, N 7301 NW 34TH STREET MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11/10/05 Daytime Phone # 305 594 4949			