## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000052356

Entity Name: AIR CARRIER LOGISTICS, INC.

**FILED** May 09, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

1411 NW 84 AVE.J 1401 N.W. 78 AVE MIAMI, FL 33126 US 202

MIAMI, FL 33126

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 227663 1411 NW 84 AVE.J

MIAMI, FL 33126 MIAMI, FL 331227663 US

FEI Number: 65-1016679 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:

JARAMILLO, CARLOS E JARAMILLO, CARLOS E 1411 NW 84 AVE. 1401 N.W. 78 AVE MIAMI, FL 33126 202 MIAMI, FL 33126 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: CARLOS E. JARAMILLO 05/09/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title: (X) Change ( ) Addition JARAMILLO, CARLOS E

Name: Name: LLOREDA, ALVARO J 1602 NW 84 AVENUE 881 OCEAN DRIVE, APT 23H Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: KEY BISCAYNE, FL 33149

Title: Title: VΡ (X) Change ( ) Addition TD () Delete URIBE, GILBERTO Name: Name: JARAMILLO, CARLOS E

1602 NW 84 AVENUE 881 OCEAN DRIVE, APT 4F Address: Address: MIAMI, FL 33126 KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete SC ( ) Change (X) Addition

Name: URIBE, GILBERTO Name: 1890 BRICKELL AVE, CASA F Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33129

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: ALVARO J. LLOREDA PD 05/09/2005