

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED

04 JUN 11 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66427438

**DOCUMENT # F00000105419**  
1. Entity Name  
**MERCO AIR & OCEAN CARGO INC**



Principal Place of Business Mailing Address  
8249 NW 36 ST SUITE 119 8249 NW 36 ST SUITE 119  
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1058109 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

04-05-04 90071026 \$150.00

6. Name and Address of Current Registered Agent  
**VALIDO, FELIX M.**  
1820 JAMES AVENUE # 2B  
MIAMI BEACH FL 33139-7429

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **MIAMI** FL **33265**

I, the above named entity submit 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]* DATE: **06-02-04**

FILE NOW!! FEE IS \$185.00  
After May 1, 2004 Fee will be \$350.00  
Make Check Payable to Florida Department of State

8. Election Campaign Financing True Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1"> <tr> <td>TITLE</td> <td>D/P/S</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td><b>HUMMEL, SILVIA R.</b></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5 PIR WAY</b></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>COOPER CITY FL 33026</b></td> <td></td> <td></td> </tr> </table>	TITLE	D/P/S	<input type="checkbox"/> Delete		NAME	<b>HUMMEL, SILVIA R.</b>			STREET ADDRESS	<b>5 PIR WAY</b>			CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>				<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				
TITLE	D/P/S	<input type="checkbox"/> Delete																																	
NAME	<b>HUMMEL, SILVIA R.</b>																																		
STREET ADDRESS	<b>5 PIR WAY</b>																																		
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>																																		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP					<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP					<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP					<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME																																			
STREET ADDRESS																																			
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)(c), 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: *[Signature]* **SILVIA R. HUMMEL** DATE: **5/10-04** PHONE: **(305) 591-8600**

*[Handwritten Signature]*  
Paid ch# 1739  
\$150.00