

2005 FOR PROFIT CORPORATION ANNUAL REPORT


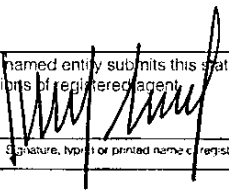
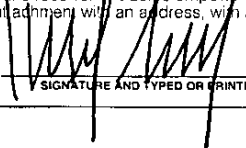
FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90221 017 ***158.75

14007884



04232005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000005038					
1. Entity Name MAR Y AIRE CARGO INTERNACIONAL, INC.					
Principal Place of Business 808 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071			Mailing Address 808 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business 4103 SAPPAHIRE TERRACE			3. Mailing Address 4103 SAPPAHIRE TERRACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State WESTON, FL			City & State WESTON, FL		
Zip 33331		Country		Zip 33331	
				Country	
4. FEI Number 65-1066994				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, CARLOS 808 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name CARLOS HERRERA Street Address (P.O. Box Number is Not Acceptable) 4103 SAPPAHIRE TERRACE City WESTON FL Zip Code 33331		
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 05/03/05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE	PVTS	<input type="checkbox"/> Delete			
NAME	HERRERA, CARLOS				
STREET ADDRESS	808 TWIN LAKES DRIVE				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERRERA, CARLOS				
STREET ADDRESS	4103 SAPPAHIRE TERRACE				
CITY-ST-ZIP	WESTON, FL. 33331				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<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)(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:  President 03/03/05 954 384 9810.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					