


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000019046</b> 1. Entity Name <b>AEROFRESH FLOWER CARGO, INC.</b>	
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Principal Place of Business <b>1850 NW 84 AVE BAY 116 MIAMI, FL 33126</b>	Mailing Address <b>1850 NW 84 AVE BAY 116 MIAMI, FL 33126</b>
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01062006 No Chg-P CR2ED34 (11/05)

4. FEI Number <b>65-1077239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TORRES, OSCAR 9782 SW 133 TERRACE MIAMI, FL 33176</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000469500</b> <b>03/27/06-80021-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO TORRES, OSCAR 9782 SW 133 TERRACE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD TORRES, MARIA D 9782 SW 133 TERRACE MIAMI, FL 33176</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another line empowered.

**SIGNATURE:**  **3/10/06 305-471-6992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #