

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000062797

1. Entity Name
OCEANAIR FREIGHT INTERNATIONAL, INC.



Principal Place of Business
4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054

Mailing Address
4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1116937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES R
4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000942640
05/29/08-80025-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLENS, JAMES
STREET ADDRESS	4280 NW 147TH TERRACE
CITY-ST-ZIP	OPA-LOCKA, FL 33054

TITLE	VPSD
NAME	MILLER, JAMES R
STREET ADDRESS	4280 NW 147TH TERRACE
CITY-ST-ZIP	OPA-LOCKA, FL 33054

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08
Date

Daytime Phone #