2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007903

1. Entity Name
MIAMI ATLANTA AIRFRIEGHT, INC.

Principal Place of Business	Mailing Address
8081 NW 29 STREET	8081 NW 29 STREET
MIAMI, FL 33122	MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

03052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3587366	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIED, MARK E
1110 BRICKELL AVE., STE. 700
MIAMI, FL 33131

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	QUIGLEY, MICHELE
STREET ADDRESS	4939 TYLER ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

II00000271309
03/21/05-80041-024 150.00

DO NOT WRITE IN THIS SPACE

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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: _Michele Quigley_   MICHELE Quigley — 3/16/05   385-591-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #