

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019455

Entity Name: AIRPORT CARTAGE, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

5901 BENJAMIN CENTER DRIVE
SUITE #106
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

10001 SW 70TH. STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 14-1872524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECUMBERRY, SYLVIA M MS.
10001 SW 70TH. STREET
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOMITANZAN, JIMMY MR.
Address: 5901 BENJAMIN CENTER DRIVE, #106
City-St-Zip: TAMPA, FL 33634

Title: VD (X) Delete
Name: LLORENTE, RAFAEL A MR.
Address: 5901 BENJAMIN CENTER DRIVE, #106
City-St-Zip: TAMPA, FL 33634

Title: CSTD () Delete
Name: LECUMBERRY, SYLVIA M MS.
Address: 5901 BENJAMIN CENTER DRIVE, #106
City-St-Zip: TAMPA, FL 33634

Title: ASD () Delete
Name: THOMLEY, MICHAEL MR.
Address: 5901 BENJAMIN DRIVE, #106
City-St-Zip: TAMPA, FL 33634

Title: AT () Delete
Name: YOMITANZAN, MARILYNN MRS.
Address: 5901 BENJAMIN DRIVE, #106
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CSD (X) Change () Addition
Name: LECUMBERRY, SYLVIA M MS.
Address: 5901 BENJAMIN CENTER DRIVE, #106
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: GOITIA, ARIEL J MR
Address: 5901 BENJAMIN DRIVE, #106
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA M LECUMBERRY

D

03/28/2006

Electronic Signature of Signing Officer or Director

Date