

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000021489					
1. Entity Name: CONSOLIDATED AIR CARGO INC.					
Principal Place of Business 421 SE 10TH STREET #102A DANIA BEACH, FL 33004			Mailing Address P O BOX 526665 MIAMI, FL 33152		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 88-1160404	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAGANA, JOSE M 421 SE 10 ST #102A DANIA, FL 33004			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Jose Magana</u> 11/04/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GAMBOA, CECILIA		NAME	800137255088	
STREET ADDRESS	421 SE 10 ST #102A		STREET ADDRESS	11/12/08--01043--015 **150.00	
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP		
TITLE	IVPT	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MAGANA, JOSE M		NAME	961 SWAN AVE	
STREET ADDRESS	9930 KAMENA CIRCLE		STREET ADDRESS	MIAMI SPRINGS, FL 33166	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Rafael Gamboa</u> President 11/4/08 786-371-5903 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					