

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000075953

1. Entity Name  
AEROCARGAS ARGENTINAS, INC.



*Handwritten initials*

FILED

06 JUL 13 PM 2:22

SECRET  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8097 NW 67 ST  
MIAMI, FL 33166

Mailing Address  
8097 NW 67 ST  
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

06292006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0536915

Applied For

Not Applicable

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

CASTILLO, JOSE L  
8097 NW 67 ST  
MIAMI, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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 his or her title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSD  
CASTILLO, JOSE L  
8097 NW 67 ST  
MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
800078232408  
08/01/06--01050--008 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
Sambra, Marcos M  
8097 NW 67 St, Miami, FL 33166 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS M. SAMBRA VP 6/29/06 305-593-9200

Date

Daytime Phone #