

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 AN Secretary of State

ANNUAL REPORT					
DOCUMENT # V47773 1. Entity Name ATLANTIC AIR CARGO, INC.					
Principal Place of Business	Mailing Address				
1842 NW 93 AVE MIAMI, FL 33172	1842 NW 93 AVE MIAMI, FL 33172	:			



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01312008 No Chg-P CR2E034 (11/05)

	¢o 7	75 Addistrated
65-0400410		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6 .	Name	and A	adress	of Current	: Kegiste	red Ag	ent
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CASTRILLO, ERNESTO 1842 NW 93 AVE MIAMI, FL 33172

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	i Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRILLO, ERNESTO 1920 SW 127 AVE MAMI, FL				U00000825297 02/21/08-80004-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRILLO, JULIO 14404 SW 93 AVE MAMI, FL				02/21/08-80004-005 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 the 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.					
SIGNAT	URE: X June Tules				2-7.08 305 5942251