## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# V47773** 

Entity Name: ATLANTIC AIR CARGO, INC

FILED Feb 25, 2009 Secretary of State

| y   | 7(12/11)  | 10 7 th C 7 th C 0, 11 to .           |  |   |
|---|---|---------------------------------------|--|---|
| Current Principal Place of Business:          |   |                                       | New Principal Place of Business:             |   |
| 1842 NW 9<br>MIAMI, FL                        |   |                                       |  |   |
| Current Mailing Address:                      |   |                                       | New Mailing Address:                         |   |
| 1842 NW 9<br>MIAMI, FL                        |   |                                       |  |   |
| FEI Number: 65-0400410                        |   | FEI Number Applied For ( )            | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )       |
| Name and Address of Current Registered Agent: |   |                                       | Name and Address of New Registered Agent:    |   |
| CASTRILL<br>1842 NW 9<br>MIAMI, FL            |   |                                       |  |   |
|   | named entity<br>e of Florida.                   | submits this statement for the p      | ourpose of changing its registere            | ed office or registered agent, or both, |
| SIGNATUR                                      | RE:   |                                       |  |   |
|   | Electro   | nic Signature of Registered Ag        | ent  | Date                                    |
| Election Car                                  | mpaign Financir                                 | g Trust Fund Contribution ( ).        |  |   |
| OFFICERS AND DIRECTORS:                       |   |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>CASTRILLO, E<br>1920 SW 127<br>MAMI, FL | · · · · · · · · · · · · · · · · · · · | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change() Addition                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SD (<br>CASTRILLO, J<br>14404 SW 93<br>MAMI, FL |                                       | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                 |

I hereby certify that the information supplied with this filing does not qualify 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: ERNESTO CASTRILLO PRES 02/25/2009