# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2004 8:00 am**
**Secretary of State**
02-16-2004 90034 040 ***158.75

DOCUMENT # P95000052030

1. Entity Name
ABOVE AIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1525 SE 14 CT<br>DEERFIELD BEACH, FL 33441 US | 9835 16 LAKEWORTH RD<br>PMB-111<br>LAKEWORTH, FL 33487 US |

02112004 Chg-P CR2E034 (10/03) Address Change

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1525 SE 14 CT | 9835-16 Lake Worth Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. PMB-111 |
| City & State: Deerfield Bch, FL | City & State: Lake Worth Fl. |
| Zip: 33441 Country: U.S.A. | Zip: 33467 Country: USA |

4. FEI Number: 65-0592854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARINO, CHRISTOPHER
~~7525 N.W. 61ST TERRACE, #3401~~
~~PARKLAND, FL~~ 33067

1525 SE 14 CT.
Deerfield Bch, FL
33441

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
1525 SE 14 CT.

City Deerfield Bch FL Zip Code 33441

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 C MARINO, Pres DATE 2-12-04
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 May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BISHOP, CECELIA J<br>9312 BERT PINE CIRC. E.<br>LAKE WORTH, FL 33467 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MARINO, CHRISTOPHER<br>1525 SE 14 CT<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GLOVER, GUY<br>9835-16 LAKE WORTH RD<br>LAKE WORTH, FL 33467 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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**SIGNATURE:** Cecelia Bishop 2-12-04 341-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #