


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90991 011 \*\*\*158.75

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<b>DOCUMENT #</b> P96000034916	
<b>1. Entity Name</b> AIR ALLIANCE, INC.	

<b>Principal Place of Business</b> 1875 N CORPORATE LAKES STE #2 FT LAUDERDALE FL 33326	<b>Mailing Address</b> 1875 N CORPORATE LAKES STE #2 FT LAUDERDALE FL 33326
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<b>2. Principal Place of Business</b> 937 Spoonbill Circle Suite, Apt. #, etc.	<b>3. Mailing Address</b> 937 Spoonbill Circle Suite, Apt. #, etc.
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<b>City &amp; State</b> Weston, FL	<b>City &amp; State</b> Weston, FL
<b>Zip</b> 33326	<b>Country</b> USA

<b>4. FEI Number</b> 65-0671762	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MOORE, MICHAEL L 937 SPOONBILL CIR FT LAUDERDALE FL 33326
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MOORE, MICHAEL L		<b>NAME</b> 937 Spoonbill Circle	
<b>STREET ADDRESS</b> 937 SPOONBILL CIRCLE		<b>STREET ADDRESS</b> 937 Spoonbill Circle	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33326		<b>CITY-ST-ZIP</b> Weston, FL 33326	
<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> Moore, Anis B.		<b>NAME</b> Moore, Anis B.	
<b>STREET ADDRESS</b> 937 Spoonbill Circle		<b>STREET ADDRESS</b> 937 Spoonbill Circle	
<b>CITY-ST-ZIP</b> Weston, FL 33326		<b>CITY-ST-ZIP</b> Weston, FL 33326	
<b>TITLE</b> VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Moore, Anis B.		<b>NAME</b> Moore, Anis B.	
<b>STREET ADDRESS</b> 937 Spoonbill Circle		<b>STREET ADDRESS</b> 937 Spoonbill Circle	
<b>CITY-ST-ZIP</b> Weston, FL 33326		<b>CITY-ST-ZIP</b> Weston, FL 33326	
<b>TITLE</b> VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Moore, Anis B.		<b>NAME</b> Moore, Anis B.	
<b>STREET ADDRESS</b> 937 Spoonbill Circle		<b>STREET ADDRESS</b> 937 Spoonbill Circle	
<b>CITY-ST-ZIP</b> Weston, FL 33326		<b>CITY-ST-ZIP</b> Weston, FL 33326	

**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.**

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/25/03</b> Date	<b>Daytime Phone #</b>
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CR2E034 (10/02)