

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 383825

**FILED**  
**Jul 24, 2012**  
**Secretary of State**

**Entity Name:** MIAMI AIR LEASE, INC.

**Current Principal Place of Business:**

5600 NW 36TH STREET  
SUITE 503  
MIAMI, FL 33166 US

**New Principal Place of Business:**

4141 NW 145 STREET  
OPA LOCKA, FL 33146 US

**Current Mailing Address:**

P.O.BOX 996548  
MIAMI, FL 33299 US

**New Mailing Address:**

P.O.BOX 668080  
MIAMI, FL 33299 US

**FEI Number:** 59-1421271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRUNO SARTORI CPA  
255 OCEANIC AVENUE  
LAUDERDALE BY THE SEA, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DUBE, MARK  
Address: 4141 NW 145 ST  
City-St-Zip: MIAMI, FL 33146 US

Title: DVP  
Name: PROIETTI, VALTER  
Address: 4141 NW 145 ST  
City-St-Zip: MIAMI, FL 33146 US

Title: DT  
Name: SARTORI, BRUNO  
Address: 4141 NW 145 ST  
City-St-Zip: MIAMI, FL 33146 US

Title: CFO  
Name: SARTORI, BRUNO  
Address: 4141 NW 145 ST  
City-St-Zip: MIAMI, FL 33146 US

I hereby 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 all other like empowered.

SIGNATURE: MRK DUBE

DPS

07/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date