


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 421426**  
 1. Entity Name  
**AIR SEA SHIPPING, INC.**



Principal Place of Business      Mailing Address  
**1955 NW 72ND AVE.**      **1955 NW 72ND AVE.**  
**MIAMI, FL 33126**      **MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**



01122004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1582686</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUIZ, EMILIO**  
**1955 NW 72 AVE**  
**MIAMI, FL 33126**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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**

U00000113721  
 04/15/04-80020-022 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, EMILIO J. 8215 GRAND CANAL DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, ISILDA D. 8225 GRAND CANAL DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, ISILDA C 580 SW 82ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**  **Emilio J. Ruiz**      **4-13-04**      **(305) 542-5176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #