


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 546519 1. Entity Name AIR SEA EXPRESS INC. |  |
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| Principal Place of Business 1955 N. W. 72ND AVE. MIAMI, FL 33126-1320 | Mailing Address 1955 N. W. 72ND AVE. MIAMI, FL 33126-1320 |
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01132006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1772582 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RUIZ, EMILIO J. 1955 N. W. 72ND AVE. MIAMI, FL 33122 |
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000540572 05/10/06-80023-019 158.75 |
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| 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 | V MARTINEZ, ISILDA C 580 SW 82ND AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RUIZ, ISILDA D 8225 GRAND CANAL DR MAIMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4-6-06 (305) 592-5176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #