

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 050 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # 855486					
1. Entity Name AAA AIR EXPRESS OF MIAMI, LTD., INC.					
Principal Place of Business 3333 NEW HYDE PARK ROAD STE 301 NEW HYDE PARK, NY 11042			Mailing Address 3333 NEW HYDE PARK ROAD STE 301 NEW HYDE PARK, NY 11042		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt., #, etc.			Suite, Apt., #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-2385086	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing: <input type="checkbox"/> \$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	CEOD MEEHAN, JACK J 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LOTITO, ANGELA 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MADISON, JAMES 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VREECHIONE, ROBERT 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VREECHIONE, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNER, WOODROW 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEFFENS, ANDREW 3333 NEW HYDE PARK RD STE 301 NEW HYDE PARK, NY 11042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>James Madison, CFO</i>		Date: 1/05/05 (576) 765-2000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					