


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90127 042 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000001651 1. Entity Name CUSTOM AIR TRANSPORT, INC.	
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Principal Place of Business 9100 S.DADELAND BLVD #1001 MIAMI, FL 33156 US	Mailing Address 9100 S.DADELAND BLVD #1001 MIAMI, FL 33156 US
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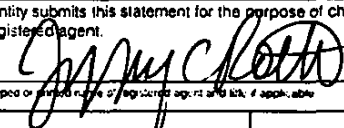
04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0334645	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 ARAGON, CAROLINA 9100 DADELAND BLVD STE. 1220 MIAMI, FL 33156 Jeffrey C. Roth 1500 San Remo Ave Suite 176 Coral Gables FL 33146
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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  <small>Signature, typed or printed name of registered agent and title, if applicable</small>	DATE 4/15/05 <small>(NOTE: Registered Agent signature required when renewal long)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COZZI, RICHARD 4101 RAVENSWOOD RD, SUITE 101 FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROMEO, ANTHONY C 9100 S DADELAND BLVD, # 1001 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMEO, CAROLINA 9100 S. DADELAND BLVD. STE. 1001 MIAMI, FL 33156
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>