


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

page 1 of 2

DOCUMENT # G 52701	
1. Entity Name EASTERN AIRE INC.	

FILED

03 OCT 13 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1160 NE 37 ST		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO FL		City & State	
Zip 33064	Country BROWARD	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2306944		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name THOMAS MIRANDA		
Street Address (P.O. Box Number is Not Acceptable) 9615 NW 26 CT.			
City CORAL SPRINGS FL			Zip Code 33065

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 *Thomas Miranda* DATE 9/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	PRES. THOMAS MIRANDA 9615 NW 26 CT. CORAL SPRINGS FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023446834 09/30/03--01066--016 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Miranda* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

payee

9/24/03

TO WHOM IT MAY CONCERN.

I NEVER RECEIVED MY UNIFORM
BUSINESS REPORT FOR 2003.

I DIDN'T REALIZE UNTIL I TRIED
TO OPEN ANOTHER BUSINESS CHECKING
ACCOUNT.

Ernest Munner

EASTERN AIR INC.

1160 NE 37 ST

POMEROY FL. 33064