## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L44655**

1. Entity Name MIAMI AIRPORT I, INC.



Principal Place of Business

C/O NE MIAMI AIRWAYS 5001 NW 36TH ST

MIAMI SPRINGS, FL 33166

Mailing Address

C/O NE MIAMI AIRWAYS 5001 NW 36TH ST MIAMI SPRINGS, FL 33166

## **FILED** Mar 18, 2004 08:00 AM Secretary of State



01232004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0173218

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRENTNER, CHARLES G 5001 NW 36TH ST **SUITE 160** 

MIAMI SPRINGS, FL 33166

## 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating).  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRENTNER, CHARLES G 1819 79TH STREET CSWY N. BAY VILLAGE, FL			Hanadana (nan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRENTNER, CHARLES G 1819 79TH STREET CSWY N. BAY VILLAGE, FL				03/18/04-80023-019 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 907, 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:

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR