

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90035 028 \*\*\*150.00

<b>DOCUMENT # L44655</b> 1. Entity Name <b>MIAMI AIRPORT I, INC.</b>			
Principal Place of Business <b>C/O NE MIAMI AIRWAYS</b> <b>5001 NW 36TH ST</b> <b>MIAMI SPRINGS, FL 33166 US</b>		Mailing Address <b>C/O NE MIAMI AIRWAYS</b> <b>5001 NW 36TH ST</b> <b>MIAMI SPRINGS, FL 33166 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1819 79th ST CAUSEWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>1819 79th ST CAUSEWAY</b> Suite, Apt. #, etc.	
City & State <b>NORTH BAY VILLAGE FL</b> Zip <b>33141</b>		City & State <b>NORTH BAY VILLAGE FL</b> Zip <b>33141</b>	
4. FEI Number <b>65-0173218</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRENTNER, CHARLES G</b> <b>5001 NW 36TH ST</b> <b>SUITE 100</b> <b>MIAMI SPRINGS, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1819 79th CAUSEWAY</b> City <b>NORTH BAY VILLAGE</b> <b>FL</b> Zip Code <b>33141</b>	
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 <u><b>CHARLES G. GRENTNER</b></u> DATE <u><b>3/29/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRENTNER, CHARLES G 1819 79TH STREET CSWY N. BAY VILLAGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><b>CHARLES G. GRENTNER</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>3/29/07</b></u> Daytime Phone # <u><b>305-865-7100</b></u>	