## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 14, 2008 08:00 AN

DOCUMENT # L44655  1. Entity Name MIAMI AIRPORT I, INC.  Principal Place of Business  1819 79TH ST CAUSEWAY N BAY VILLAGE, FL 33141  US  Mailing Address  1819 79TH ST CAUSEWAY N BAY VILLAGE, FL 33141				Secretary of Sta			
			US				
		The second secon	3				
				03122008 No Chg-P CR2E034 (11/05)			
	O NOT WRIT	E IN THIS SPA	CE	4. FEI Number 65-0173			Applied For Not Applicable
					of Status Desired		75 Additional Required
	6. Name and Address of Curre	nt Registered Agent	4	1.	, ,	, , , , ,	, toquirod
GRENTNER, CHARLES G 1819 79TH CW MIAMI BEACH, FL 33141				IN T	NOT W HIS SF	PACE	
	named entity submits this statement tions of registered agent.	for the purpose of changing its register	ed office or register				iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered age		d Agent signature required			DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		noing \$5.	.00 May Be ed to Fees			-
10.	OFFICERS AN	D DIRECTORS	•			5.4.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRENTNER, CHARLES G 1819 79TH STREET CSWY N. BAY VILLAGE, FL		, i				
TITLE	GRENTNER, CHARLES G. 30 1819 79TH STREET CSWY N. BAY VILLAGE, FL	CAR LANCE COLTRACTOR RES	Agentus agune diren van stan egit.	ent igh harpantabbig earl		) 0857446 -80003-02	0,150.00
TITLE 1	A CARONE W. AT A CARONE	Section 1995 Annual Control of Co	The second secon	1. 1 (*	et Tora Oblador - 1915	: 1 3 3 3 3 0 1 h : 3 3 3 3 3 0 1	• • • • •
title Name Street Address City-St-Zip			A STATE OF THE STA	ÎN Î	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							Cyre Regards
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er ing. Biring galagapa
	I	ith this filing does not qualify for the exi	emptions contained	in Chapter 119,	Florida Statutes.	further certify th	at the information

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desymme Phone II