
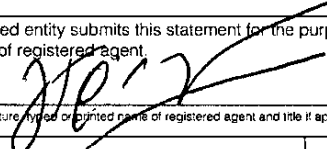
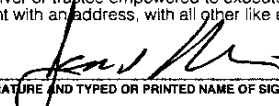



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 015 ***150.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # L52150 | | | |  | |
| 1. Entity Name MIAMI AIR INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 5000 NW 36TH STREET SUITE 307 MIAMI, FL 33122 US | | | Mailing Address P O BOX 660880 SUITE 307 MIAMI SPRINGS, FL 33266 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0174270 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 S BAYSHORE DR SUITE 1100 GRAND BAY PLAZA MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent Name JUAN T. D'NAGHTEN Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th AVENUE - Suite 300 City MIAMI FL Zip Code 33133 | | |
| 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  (NOTE: Registered Agent signature required when reinstating.) DATE 4/26/05 | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPO PROIA, JAMES 3600 WASHINGTON LA COOPER CITY, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS/AT PALMER, John 1031 EXECUTIVE PARKWAY SAINT LOUIS, MO 63141 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP FISCHER, DOUGLAS R 7690 SW 127 STREET MIAMI, FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPM OSTENDORF, THOMAS 5000 NW 36 STREET, SUITE 307 MIAMI, FL 33122 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CONSER, ROBERT 5000 NW 36TH ST MIAMI, FL 33266 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | UPHR RAYBA, FRANK 5000 NW 36 STREET, Suite 307 MIAMI, FL 33122 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM MORGAN, JAMES 1031 EXECUTIVE PARKWAY SAINT LOUIS, MO 63141 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSM HACKERT, MICHAEL 5000 NW 36 STREET, Suite 307 MIAMI, FL 33122 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O HAUK, John D 999 EXECUTIVE PARKWAY, Suite 202 SAINT LOUIS, MO 63141 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATTN PUNSHON, Bette 999 EXECUTIVE PARKWAY, Suite 202 SAINT LOUIS, MO 63141 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  | | | 4/26/05 305-876-3600 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

| | | |
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| DOCUMENT # L52150 | |  |
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ATTACHMENT

14016586

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04262005 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0174270 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | | | |
|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| O'NAGHTEN, JUAN T 2665 S BAYSHORE DR SUITE 1100 GRAND BAY PLAZA MIAMI, FL 33133 | | Name <u>JUAN O'NAGHTEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2950 SW 27th AVENUE - Suite 300</u> City <u>MIAMI</u> FL Zip Code <u>33133</u> | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 305-876-3600
Date Daytime Phone #