
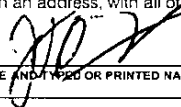


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 020 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0174270	
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 2950 SW 27TH AVENUE, SUITE 300 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <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	VP PROIA, JAMES 3600 WASHINGTON LA COOPER CITY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP FISCHER, DOUGLAS R 7690 SW 127 STREET MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAR PALMER, JOHN 1031 EXECUTIVE PARKWAY SAINT LOUIS, MO 63141		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMT MORGAN, JAMES 1031 EXECUTIVE PARKWAY SAINT LOUIS, MO 63141		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN C. HAUCK 1031 EXECUTIVE PARKWAY ST. 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	J JUAN T. O'NAGHTEN 2950 SW 27TH AVE, STE 300 MIAMI, FL 33133 <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 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: X 			4/13/07 (305) 876-3600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04022007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0174270	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 2950 SW 27TH AVENUE, SUITE 300 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <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	VP KURT M. KAMRAD 1122 LAGUNA SPRINGS FT. LAUDERDALE, FL 33326 <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	VP MICHAEL HACKERT 15011 E. FALCONS LEA DR. DAVIE, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAR PALMER, JOHN 1031 EXECUTIVE PARKWAY SAINT LOUIS, MO 63141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS OSTENDORP 320 NE 48th ST. MIAMI SHORES, FL 33138 <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	VP FRANK RYBA 5524 NW 114 AVE #302 DORAL, FL 33178 <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	GABRIEL RAMOS 5834 SW 50 TERR MIAMI, FL 33155 <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	AS/AT LISA BARTLING 1031 EXECUTIVE PARKWAY ST. LOUIS, MO 63141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40064334