2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # M07650

1. Entity Name AIR TRADERS, INC.



Mailing Address

Principal Place of Business 7925 NW 29TH ST MIAMI, FL 33122

P O BOX 52-6126 MIAMI, FL 33152-3126

FILED Jan 15, 2004 08:00 AM **Secretary of State**



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2463661

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HEID, FRED C. 10233 SW 26 ST **DAVIE, FL 33324**

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registored agent and title if	app8cable. (NOTE Registered A	ent signature	o required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.		\$5.00 May Se Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CRTY-ST-ZIP	PST HEID, FRED C. 10233 SW 26 STREET DAVIE, FL 33324				Hanaanaarraa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEID, FRED C. 10233 SW 26 STREET DAVIE, FL 33324				000000005507 01/15/04-80056-004 158.75
RITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME SIREET ADDRESS					

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 Slock 10 or Slock 11 if changed, or on an attachment with an address, with all other kip empowered.

SIGNATURE:

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

=1 C ///

6 JANOARY 2004

305.591-2700