

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M08244

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: AIR RIDE CRAFT, INC.

## Current Principal Place of Business:

200 S. BISCAYNE BLVD.  
SUITE 5100  
MIAMI, FL 35131 US

## New Principal Place of Business:

15840 SW 84 AVENUE  
MIAMI, FL 33157 US

## Current Mailing Address:

15840 S.W. 84TH AVENUE  
MIAMI, FL 33157 US

## New Mailing Address:

FEI Number: 59-2519038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VAN DER WALL, ROBERT J.  
1ST UNION FINANCIAL CTR, SUITE 5100  
200 S. BISCAYNE BLVD.  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

BURG, DONALD E  
15840 SW 84 AVENUE  
MIAMI, FL 33157 US

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.

SIGNATURE: DONALD E. BURG

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BURG, DONALD EARL,  
Address: 15840 S.W. 84 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: D ( ) Delete  
Name: HODGMAN, JAMES H.,  
Address: 16122 SW 87 COURT  
City-St-Zip: MIAMI, FL 33157 US

Title: D ( ) Delete  
Name: TAKASUGI, ABE,  
Address: 5366 PASEO ORLANDO  
City-St-Zip: SANTA BARBARA, CA 93111 US

Title: D ( ) Delete  
Name: LACOMBE, RAYMOND,  
Address: 1500 NE 105TH ST  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: D ( ) Delete  
Name: FABIAN, CARL,  
Address: 577 NW 96 STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: D ( ) Delete  
Name: VAN DER WALL, ROBERT,  
Address: 200 SO. BISCAYNE BLVD, SUITE 5100  
City-St-Zip: MIAMI, FL 33131 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E BURG

PSD

04/21/2004

Electronic Signature of Signing Officer or Director

Date