


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M50082
 1. Entity Name
TRADE AIR INC.



Principal Place of Business 10441 N.W. 28 STREET UNIT 107 MIAMI, FL 33172	Mailing Address 10441 N.W. 28 STREET UNIT 107 MIAMI, FL 33172
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04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2809364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, RICHARD
 1500 N.W. 107 AVENUE
 SUITE 200
 MIAMI, FL 33172

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UNIFORM 241RR
 04/22/04-80032-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WEBB, NIGEL 10441 N.W. 28 STREET, #107 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LANG, CAROLA R. 10441 N.W. 28 STREET, #107 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Carola R. Lang Date: 4/19/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #