

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90013 006 ***150.00

DOCUMENT # P00000011028

1. Entity Name
BARON AIR CO.



Principal Place of Business

**C/O WHITE & BROWN, P.A.
9000 SW 152ND ST, SUITE 102
MIAMI, FL 33157**

Mailing Address

**C/O WHITE & BROWN, P.A.
9000 SW 152ND ST, SUITE 102
MIAMI, FL 33157**

94024745



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0980624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, B MACKAY
9000 SW 152ND ST, SUITE 102
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE **DVP**
NAME **WILLIAM THOMAS W. Williamson, Thomas W.**
STREET ADDRESS **9444 S.W. 142 ST.**
CITY-ST-ZIP **MIAMI, FL 33171**

TITLE **DP**
NAME **RUSSO, Robert**
STREET ADDRESS **13205 SW 71 AVE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

Mon '04 **305-259-8200**
Go Res. Agent