2004 FOR PROFIT CURPORATION **ANNUAL REPORT (AR)** 

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## FILED Feb 18, 2004 8:00 am DOCUMENT # P00000074217 en en e Secretary of State 1. Entity Name BRITT AIR, INC. 02-18-2004 90008 029 \*\*\*150.00 Mailing Address Principal Place of Business 6855 SOUTHWEST 81 STREET 6855 SOUTHWEST 81 STREET MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-1030776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ag (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. · OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVP TITLE ☐ Delete TITLE Change Addition BRADLEY, MARTIN J III NAME NAME STREET ADDRESS 3202 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRADLEY, MARIA C NAME STREET ADDRESS 3202 ALHAMBRA CIRCLE STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ग्राम Delete TITLE ☐ Change Addition NAME NAME\_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ejecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11