. 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MARTIN J BRADLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

Feb 28, 2005 8:00 am Secretary of State DOCUMENT # P00000074217 1. Entity Name 02-28-2005 90202 047 ***150.00 BRITT AIR, INC. Principal Place of Business Mailing Address 6855 SOUTHWEST 81 STREET MIAM! FL 33143 6855 SOUTHWEST 81 STREET MIAMI FL 33143 ZUUWZVV4 2. Principal Place of Business 3. Mailing Address 5000 SW 75 AVE 5000 < W 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 65-1030776 MI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, MARTIN J Street Address (P.O. Box Number is Not Acceptable) **6855 SW 81ST STREET** sw**MIAMI FL 33143** 4th Floor 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 obligation egistered agent. SIGNATURE equired when reinstating) DATE FILE NOW!!! FEE IS (150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVP** TITLE ☐ Delete TITLE ☐ Change Addition BRADLEY, MARTIN J III NAME NAME STREET ADDRESS 3202 ALHAMBRA CIRCLE STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ST Change TITLE ☐ Delete TITLE Addition BRADLEY, MARIA C NAME NAME 3202 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete THE -- --- Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED