

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90042 028 \*\*\*150.00

<b>DOCUMENT # P01000000597</b> 1. Entity Name <b>AIRLINE INVENTORY MANAGEMENT CO., INC.</b>			
Principal Place of Business <b>1239 E. NEWPORT CTR. DR.</b> <b>114</b> <b>DEERFIELD BEACH, FL 33442</b>		Mailing Address <b>1239 E. NEWPORT CTR. DR.</b> <b>114</b> <b>DEERFIELD BEACH, FL 33442</b>	
2. Principal Place of Business <b>1022 E NEWPORT CTR DR</b>		3. Mailing Address <b>1022 E NEWPORT CTR DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DEERFIELD BEACH FL</b>		City & State <b>DEERFIELD BEACH FL</b>	
Zip <b>33442</b> Country <b>USA</b>		Zip <b>33442</b> Country <b>USA</b>	
4. FEI Number <b>65-1084389</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLAUSEN, ELLEN</b>  <b>1022 E NEWPORT CTR DR</b> <b>DEERFIELD BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSEN, ELLEN 1022 E. NEWPORT CTR DR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**ENTERED JAN 29 2004**

**WE ARE MOVING!**  
**EFFECTIVE JANUARY 1, 2004**  
**OUR NEW ADDRESS WILL BE:**  
**1022 EAST NEWPORT CENTER DR.**  
**DEERFIELD BEACH FL 33442 USA**

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:** E. Clausen 1126104  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #