
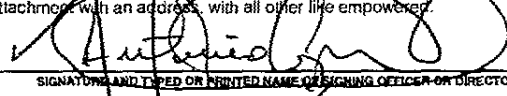


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030521		
1. Entry Name AIR OF MIAMI, INC.		
Principal Place of Business 14344 SUN BAY DRIVE ORLANDO, FL 32824	Mailing Address 14344 SUN BAY DRIVE ORLANDO, FL 32824	
DO NOT WRITE IN THIS SPACE		
		04292004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1086113		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		
COLON, PEDRO A 13013 PRAIRIE MEADOWS DRIVE ORLANDO, FL 32827		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMEIZ, FRANKLIN 14344 SUN BAY DRIVE ORLANDO, FL 32824	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERAN, YHENNY 14344 SUN BAY DRIVE ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ANTONIO 11213 TORBERT CT ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: 		Date _____ Daytime Phone # _____