


FROM :

FAX NO. :

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|-------------------------------------|--|---|---|--|
| DOCUMENT # P02000051441 | | | |  | |
| 1. Entity Name TRANSUPPORT AIR INC. | | | | | |
| Principal Place of Business 5343 NW 111 CT MIAMI, FL 33178 | | | Mailing Address 5343 NW 111 CT MIAMI, FL 33178 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 54-2068304 | |
| Zip | | Zip | | Country | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FARNADEZ, BEATRIZ 10451 NW 28TH STREET # 102 MIAMI, FL 33178 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| State | | | State | | |
| Zip Code | | | 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 tempo 02) | | | | | |
| FILE NOW!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DUARTE, MARLYN | NAME | | | |
| STREET ADDRESS | 5343 NW 111 CT | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33178 | CITY-ST-ZIP | | | |
| TITLE | AA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FARNADEZ, BEATRIZ | NAME | | | |
| STREET ADDRESS | 10451 NW 28TH STREET #102 | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33178 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 119.071(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: _____ | | | | Date: 5-26-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |

50053156



05022005 Chg-P CR2E034 (10/03)

4. FEI Number **54-2068304** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**