## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079060

STREET ADDRESS 6502 NW 66 WAY

CRY-ST-ZP TRILE NAME STREET ADDRESS

CITY-SI-ZIP TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

PARKLAND, FL 33067

FILED
Mar 15, 2004 08:00 AM
Secretary of State

1. Entity Nam RITEAIR,							
Principal Place of Business 6502 NW 66 WAY PARKLAND, FL 33067 US		Mailing Address 6502 NW 66 WAY PARKLAND, FL 33067 US			••		
				02232004	No Chg-P	GR2E034 (1	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 27-0022			Applied For Not Applicable
	6. Name and Address of Current R		AAVS E MAN JOHN MAN AND AND AND AND AND AND AND AND AND A	5. Certificate o	f Status Desired		75 Additional Required
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301			IN T	NOT W HIS SF	PACE	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar		red office or registe		, in the State of Fk	orida. I am familia	ir with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution		5.00 May Be ded to Fees		-	<u></u>
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D D BERESFORD, PETER 6502 NW 66 WAY PARKLAND, FL 33067	PRECTORS		-	unnan	0088351	
TITLE NAME	D BERESFORD, ENE		- Andrews - March - Company of the American	nenne de en	03/15/04	<b>-90048-</b> 02	23 150. <b>00.</b>

STREET ADDRESS

CRY-S1-ZIP

12. I hereby certify that the information supplied with this filting 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 it made under ceth; 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.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 ( 0 2004 954.757-26.36)
Date Daytime Prome \*

DO NOT WRITE

IN THIS SPACE