2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2005 8:00 am Secretary of State

1. Entity Name P02000083719					05-04-2005 90160 044 ***150.00	
Jet-A-Way Transport, Inc.						
C	OO NOT WRIT	E IN THIS S	PAC	E:		
2. Principal Place of Business 1120 NW 56th St. 3. Mailing A		3. Mailing Address	g Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Miami. FL		City & State		4. FEI Number 22–3864501	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	
· · · · · · · · · · · · · · · · · · ·					7. Name and Address of Current Registered	l Agent
			•	Name Michael Blanford		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				1120 NW 56th Street		
•				1		
				City	FL	Zip Code
R The above o	named entity enhance this statement	for the purpose of changing	to register	ad office or regists	Miami ered agent, or both, in the State of Florida.	33127
o. The above i	And	lor the purpose of changing	iis register	ed office of registe	sed agent, or both, in the state or honda.	
SIGNATURE _	Moul	March			4/29/05	
	signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	ed Agent signature require	ed when reinstating) DATE	
	ration is eligible to satisfy its Intangit equirement and elects to do so. a on back)	After Ma	y 1, Fee led UBR	ee ls \$150.00 is \$550.00 ls \$61.25 epartment of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AN	ID DIRECTORS				
TITLE	Liesidenc Director		ារា	3 - 1		
NAME STREET ADDRESS	michael Blanford			NAME.		· · · .
CITY-SI-ZIP 1120 NW 56th Street		reet	STREET ADDRESS City-St-zip			
TITLE	Miami, FL 33127					***
NAME			T!TL NAA		and the second section of the sectio	100 to 100
STREET ADDRESS				EET ADDRESS		, <u>.</u> .
CITY-ST-ZIP				Y-ST-ZIP		
TITLE			TITL	.E		
NAME			NA3			
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-				Y-ST-ZIP + :. '*		
TITLE. NAME			, dai , <mark>n</mark> an		IN THIS SPA	CE I
STREET ADDRESS				EET ADDRESS		
CITY+ST-ZIP				Y-ST-ZJP		3 Å
TITLE			nı	LE .		• .
NAME				ME		• •
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>	······································	, сп	Y-ST-ZIP		
TITLE		•	TITI	•		
NAME STREET ADDRESS				ME - P		
CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP		
			J.,			

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Michael Blanford Pres,

Date

4/29/05

Daytime Phone #

2E034B (12/0