


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 005 ***158.75

DOCUMENT # P02000116648	
1. Entity Name AIR TRAVEL MANAGEMENT, INC.	

Principal Place of Business 901 PONCE DE LEON BLVD. 8TH FLOOR MIAMI, FL 33134	Mailing Address 2222 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134
---	--

50057532

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



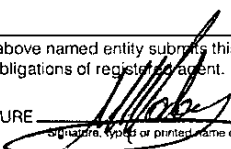
07202005 Chg-P CR2E034 (10/03)

4. FEI Number 30-0125943	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ, MARY LOU 2222 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Mary Lou Rodon-Alvarez Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE **7-20-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOLARA, PETER J 901 PONCE DE LEON BLVD., 8TH FLOOR MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7-20-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
MARY LOU RODON-ALVAREZ, P.A.

ATTORNEYS AT LAW
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FLORIDA 33134-5039
TELEPHONE 305- 445- 8881
FACSIMILE 305- 445- 6761

MARY LOU RODON-ALVAREZ

Email mrodon@sralaw.com

July 21, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Annual Report for 2005
Air Travel Management, Inc.
Our File No.: 1564

Dear Sirs:

Please be advised that our office represents the above named corporation and we are also the registered agent for the corporation.

To date, we have not received the annual report for the corporation.

Enclosed please find the 2005 Annual Report duly signed by the President of the corporation.

Enclosed please find our check to cover the filing fee and certificate of good standing.

Should you have any questions, please contact our office.

Sincerely,

MARY LOU RODON-ALVAREZ, P.A.

BY: 

Mary Lou Rodon-Alvarez

MRA/lmp

Encl.

Cc: Mr. Peter J. Dolara

SWORN TO AND SUBSCRIBED TO BEFORE ME
THIS 21 day of July, 2005.


Notary Public



Lucia M. Perez
MY COMMISSION # DD234669 EXPIRES
July 24, 2007
BONDED THRU TROY FAIN INSURANCE, INC.