

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90478 021 \*\*\*150.00



**DOCUMENT # P03000045494**

1. Entity Name  
**AM AEROTEAM, INC.**

Principal Place of Business <b>6555 NW 36TH STREET          214          MIAMI, FL 33166</b>	Mailing Address <b>6555 NW 36TH STREET          214          MIAMI, FL 33166</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>74-3087839</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAX DEFENSE CENTER, INC.  
 2350 W 84TH STREET  
 20  
 HIALEAH, FL 33016**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>COTE, NELSON E</b>	
STREET ADDRESS	<b>6555 NW 36TH STREET #214</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>LIZARAZO, CRISTINA</b>	
STREET ADDRESS	<b>6555 NW 36TH STREET #214</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>MONTANEZ, ELYSABET</b>	
STREET ADDRESS	<b>2350 W 84TH STREET #20</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **N. COTE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/04** **305-825-2500**  
 Date Daytime Phone #