

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062542

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: AIRSIDE FINANCIAL CORPORATION

## Current Principal Place of Business:

4471 NW 36TH STREET  
212  
MIAMI SPRINGS, FL 33166

## Current Mailing Address:

4471 NW 36TH STREET  
212  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

7270 NW 12 STREET  
381  
MIAMI, FL 33126 US

## New Mailing Address:

MIAMI INTERNATIONAL AIRPORT  
P.O.BOX 996548  
MIAMI, FL 33299 US

FEI Number: 20-0034815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUBE, RAUL R  
9380 SW 62ND STREET  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete  
Name: DUBE, RAUL R  
Address: 4471 NW 36TH STREET, SUITE 212  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Delete  
Name: JIMENEZ LUNA, JOSE A  
Address: 4471 NW 36TH STREET, SUITE 212  
City-St-Zip: MIAMI SPRINGS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition  
Name: DUBE, RAUL R  
Address: 9380 SW 62 STREET  
City-St-Zip: MIAMI, FL 33173 US

Title: VP (X) Change ( ) Addition  
Name: JIMENEZ LUNA, JOSE A  
Address: 14350 SW 133 AVENUE  
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL R. DUBE

PS

04/27/2004

Electronic Signature of Signing Officer or Director

Date