


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145643 1. Entity Name CARLOMIR AERONAUTICAL INSTRUCTION, INC.					
Principal Place of Business 15338 SW 140TH ST MIAMI, FL 33196			Mailing Address 15338 SW 140TH ST MIAMI, FL 33196		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07022004 Chg-P CR2E034 (10/03)	
4. FEI Number 52-2420735				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, DALIA 15338 SW 140TH ST MIAMI, FL 33196			7. Name and Address of New Registered Agent Name _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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	P MIRANDA, CARLOS 15338 SW 140TH ST MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000039311510 07/19/04--01071--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIRANDA, DALIA 15338 SW 140TH ST MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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: <i>Dalia Miranda Secretary</i>			7-6-04 3052595274		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
04 JUL -7 4:13:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CARLOMIR AERONAUTICAL INSTRUCTION, INC.
15336 SW 140TH STREET
MIAMI, FL. 33196
DOCUMENT #: P030000145643

JULY 2, 2004

GENTLEMEN:

THIS IS TO INFORM YOU THAT I DID NOT RECEIVE ANY
CORRESPONDENCE FROM YOUR OFFICE, BECAUSE OF THIS REASON THE
FILING FEE FOR THE ANNUAL UNIFORM BUSINESS REPORT, OF 2004, WAS
OVERLOOKED. PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00 USD.

VERY TRULY,

A handwritten signature in cursive script, appearing to read 'Dalia Miranda', is written over a horizontal line.

DALIA MIRANDA
SECRETARY