
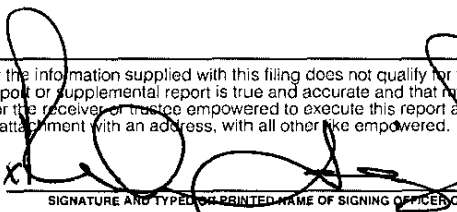


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90038 037 ***150.00

DOCUMENT # P03000149016 1. Entity Name GLOBAL AIR SALES, INC.					
Principal Place of Business 4155 SW 186 WAY MIRAMAR, FL 33029			Mailing Address 4155 SW 186 WAY MIRAMAR, FL 33029		
2. Principal Place of Business 7205 NW 68 Street			3. Mailing Address Suite 6		
Suite, Apt. #, etc. Suite 6			Suite, Apt. #, etc. Suite 6		
City & State. Miami FL			City & State Miami FL		
Zip 33166		Country USA		Zip 33166	
Country USA		Zip 33166		Country USA	
6. Name and Address of Current Registered Agent GONZALEZ, RAFAEL R 4155 SW 186 WAY MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name GONZALEZ, RAFAEL R Street Address (P.O. Box Number is not acceptable) 7205 NW 68 Street Suite 6 City Miami	
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.				4. FFL Number 20-0472103	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, RAFAEL R 4155 SW 186 WAY MIRAMAR, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gonzalez, Rafael R 7205 NW 68 Street Suite 6 Miami FL 33166	
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	
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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: 			3/24/04 305-882-0155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54023964



03242004 Chg-P CR2E034 (10/03)