


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90124 049 ***158.75

DOCUMENT # P04000046159	
1. Entity Name LYNN AIR, INC.	

Principal Place of Business 4701 S.W. 45TH STREET BLDG 13 UNIT 14 FORT LAUDERDALE, FL 33316 US	Mailing Address 4701 S.W. 45TH STREET BLDG 13 UNIT 14 FORT LAUDERDALE, FL 33316 US
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2. Principal Place of Business 14420 NE 6 AVE	3. Mailing Address 14420 NE 6 AVE
Suite, Apt. #, etc. # 210	Suite, Apt. #, etc. # 210


City & State N Miami FL	City & State N. Miami FL
Zip 33161	Country USA



05022005 Chg-P CR2E034 (10/03)


6. Name and Address of Current Registered Agent DESROSIERS, STONN 4701 S.W. 45TH STREET BLDG 13 UNIT 14 FORT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent Name STONN DESROSIERS Street Address (P.O. Box Number is Not Acceptable) 14420 NE 6 AVE # 210 City N Miami FL Zip Code 33161	
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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  STONN DESROSIERS 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S DESROSIERS, STONN 4701 S.W. 45TH STREET BLDG 13 UNIT 14 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. DESROSIERS, STONN 14420 NE 6 AVE # 210 N Miami FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIRMIN, FRED 4701 S.W. 45TH STREET BLDG 13 UNIT 14 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIRMIN, FRED 14420 NE 6 AVE # 210 N Miami FL 33161 <input checked="" 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:  STONN DESROSIERS P/S 5/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	