


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 041 ***150.00

DOCUMENT # P04000086820 1. Entity Name ANMI AIR & SEA TRANSPORTATION, INC.					
Principal Place of Business 8032 NW 66 ST MIAMI, FL 33166			Mailing Address 8032 NW 66 ST MIAMI, FL 33166		
2. Principal Place of Business 8068 NW 66 St Suite, Apt. #, etc.		3. Mailing Address 8068 NW 66 St Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI		4. FEI Number 20-1196660	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, PAZ 8349 NW 68 STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name ISMAEL JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 14971 SW 168 TERRACE City MIAMI FL 33187		
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: <u><i>[Signature]</i></u> President 3-16-06 <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 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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 MORENO, PAZ 17620 ATLANTIC BLVD #402 SUNNY ISLE, FL 33160 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISMAEL JIMENEZ 14971 SW 168 Terrace MIAMI FL 33187 (PRESIDENT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABNINI, ANA 6937 BAY DRIVE #312 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANA CABRINI 9545 SW 24th #B311 MIAMI FL 33165 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JIMENEZ, MILDRE 8349 NW 68 STREET MIAMI, FL 33166 <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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Mildre Jimenez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-16-06 786-2665660 <small>Date Daytime Phone #</small>		