FILED May 05, 2008 8:00 am Secretary of State

	2000	ANNUAL REPORT	•
			Т

1. Entity Nam	MENT # P0500008 - MIAMI AIRPORT, INC.		05-05-2008 90234 014 ***158.75								
3850 SOUTH	e of Business H BANANA RIVER BLVD HI, FL 32931	Mailing Address 3850 SOUTH BANANA COCOA BEACH, FL 32			96263		#### ## ##############################				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	<u> </u>								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	04252	008 Chg-P	CR2E034 (12/06)						
City & Star	е	City & State		4. FEI h 20-	umber 3455417	├	oplied For of Applicable				
Zip	Country	Zip	Country	5. Certi	icate of Status Desired	\$8.75 Add Fee Require					
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent							
301 E. PIN	LISA A BINSON, P.A. IE STREET STE 1400 D, FL 32801			Street Address (P.O. Box Number is Not Acceptable)							
ONDANDO	5, FL 32001	City				FL Zip Cod	e				
	named entity submits this statement f	or the purpose of changing its	s registered office o	r registered agent,	or both, in the State of	Florida. I am familiar with,	and accept				
SIGNATURE.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.	ADDIT	ONS/CHANGES TO C	FFICERS AND DIRECTOR	S IN 11				
TITLE NAME				D COLARS	ED. 140D	Change	☐ Addition				
STREET ADDRESS CITY-ST-ZIP	3850 SOUTH BANANA RIVER I COCOA BEACH, FL 32931	NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 3850 SOUTH BANAMA PIVER BLVD								
TITLE	D	☐ Delete	TITLE	P		☐ Change	Addition				
NAME STREET ADDRESS	KIRSCHENBAUM, MALCOLM F 3850 SOUTH BANANA RIVER I		NAME STREET ADDRESS	HARVEY,	DEBLA A	RIVER BLUD	'				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Coco A BE	ACH FL 329	31					
TITLE	S	☐ Delete	TITLE			Change	Addition				
NAME STREET ADDRESS) YOUNGS, JACQUELINE G 3850 SOUTH BANANA RIVER I	BLVD	NAME STREET ADDRESS				Ì				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP				ļ				
TITLE		☐ Delete	TITLE			☐ Change	Addition				
NAME STREET ADDRESS			NAME STREET ADDRESS								
CITY+ST+ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE			Change	☐ Addition				
NAME STREET ADDRESS			NAME STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE			☐ Change	Addition				
NAME STREET ADDRESS			NAME STREET ADORESS								
CITY-ST-ZIP			CITY-ST-ZIP								
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 of 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 of the receiver of visites empowered to secute 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: 10 Debra A Harvey 4/30/08 321.799.8888											