

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-04-2006 90215 029 ***150.00

DOCUMENT # P05000086647 1. Entity Name AIRPORT ALLIANCE II, INC.			
Principal Place of Business 1721 N.W. 79TH AVE. MIAMI, FL 33152		Mailing Address P.O. BOX 523155 MIAMI, FL 33152	
2. Principal Place of Business 1721 N.W. 79th Ave Suite, Apt. #, etc.		3. Mailing Address 1721 N.W. 79th Ave. Suite, Apt. #, etc.	
City & State MIAMI Florida Zip Country 33126 USA		City & State MIAMI Florida Zip Country 33126 USA	
4. FEI Number 20-3011537		Applied For <input checked="" 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 RAMIREZ, TERESA 3750 NW 28TH ST. #402 MIAMI, FL 33142 <i>please change</i>		7. Name and Address of New Registered Agent Name TERESA RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 1721 N.W. 79th Ave. City MIAMI FL Zip Code 33126	
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.</small>		DATE 04/26/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD RAMIREZ, TERESA 3750 NW 28TH ST. #402 MIAMI, FL 33142	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, RADAMES 3750 NW 28TH ST. #402 MIAMI, FL 33142	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<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>Laura Ramirez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 04/26/2006 (607) 497-1268 <small>Date Daytime Phone #</small>	

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