2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam FINA AIR	me	# P97000026	3083	Apr 11, 2005 08:00 AM Secretary of State							
Principal Place of Business 4471 N.W. 36TH STREET 213 MIAMI FL 33166 US			1 SADDLI	Mailing Address 1 SADDLE COURT MONROE TWP NJ 08831			- 	######################################	## ##################################	10100 (111100 1111100) (1) (1) (1)	
2. Principal Place of Business				3. Mailing Address							
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
Zip Stat	City & State		City & Sta	City & State		tri. J	4. FEI Numb	^{ber} 65-073858		Applied For Not Applicable	
Tih	Country Zip 6. Name and Address of Current Registers					ry	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
) dilu Auditese di Cair	Bill Ledistated NA	1. Mail		Name	7. Name and	d Address of New 1	Heðiztetan Hðan	Iŧ	
TAI, KAM 100 KINGSPOINT DRIVE, APT 1720 SUNNY ISLES FL 33160-4731						Street Address (Street Address (P.Q. dox Number is Not Acceptable)				
a The above	nomed entr	to submite this statema	at for the number :	of changing its i	latoro	City		- i- the State of El	r	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo' in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
After	May 1, 200	!! FEE IS \$150.00 05 Fee Will Be \$550 o Florida Departmen	nt of State					9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	
10.	PT	OFFICERS A	AND DIRECTORS		11.		ADDITIONS	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANG, F 20 WINDE	FINA MERE WAY RY NY 11797	-	☐ Delete	NAME STREET CITY S	: ET ADDR ESS			· Li	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		U000002 04/11/05-8		Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Doleto	NAME STREET	T ADDRESS				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Delete	HILE NAME STREET CITY-S	TADDRESS				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	[☐ Delete		TAIDRESS SI-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	TADORESS ST-ZIP				Change Addition	
12. I hereby certify that the information subclied with this fifth does not dualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supclemental inport is fully and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trusted extracted by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an express, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date											
SIGNAT	UREX	SIGNATURE AND TYPED (OR PRINTED NAME OF S	SIGNING OFFICER O	R DIRECTO	FINA	4 Chan	5 3/17 Data	705 Daytme	Phone #	

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