


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000071461 1. Entity Name DECAT AIR, INC.	
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Principal Place of Business % WHITE & BROWN, P.A. 9000 S.W. 152ND ST, SUITE 102 MIAMI, FL 33157	Mailing Address % WHITE & BROWN, P.A. 9000 S.W. 152ND ST, SUITE 102 MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0940864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ.
% WHITE & BROWN, P.A.
9000 S.W. 152ND ST, SUITE 102
MIAMI, FL 33157

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

2/17/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNCAN, JOHN 9000 SW 152ND ST., STE 102 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, B MACKAY 9000 SW 152 STREET, SUITE 102 MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/19/04-80032-023 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. MACKAY BROWN

305-259-8200