


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90016 017 ***150.00

DOCUMENT # P99000071461	
1. Entity Name DECAT AIR, INC.	

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
---	---

50012034



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JD DUNCAN, JOHN 9000 SW 152ND ST., STE 102 MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PD BROWN, B MACKAY 9000 SW 152 STREET, SUITE 102 MIAMI, FL 33154	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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

2/2/05 **305-259-8200**
Date Daytime Phone #

B. MACKAY BROWN