2004 FOR PROFIT CORPORATION

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ANNUAL REPORT			14121 00, 2004 00.00	
DOCUMENT # P9900078550 1. Entity Name SARRIA AIRPORTS SERVICES, INC.			Secretary of Stat	
NC.				
Mailing Address 5716 N.W. 46 DRIVE CORAL SPRINGS, FL 33067			PRO NASIN TORIN BODIN BODIN BODIN BODIN FOR AN ANAL BUDIN BODIN AND AND AND AND AND AND AND AND AND AN	
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ent and title if applicable (NOTE Registere 9. Election Campaign Finar	d Agent signature required	when reinstating)	DATE U00000880682	
		DO	NOT WRITE THIS SPACE	
	Mailing Address 5716 N.W. 46 DRIVE CORAL SPRINGS, FL 33067 EIN THIS SPA Int Registered Agent If or the purpose of changing its register ent and little if applicable (NOTE Registered 9. Election Campaign Finar	Mailing Address 5716 N.W. 46 DRIVE CORAL SPRINGS, FL 33067 TE IN THIS SPACE Int Registered Agent If or the purpose of changing its registered office or register ent and title if applicable (NOTE, Registered Agent signature required 9. Election Campaign Financing Trust Fund Contribution. 9. Additional Contribution.	Mailing Address 5716 N.W. 46 DRIVE CORAL SPRINGS, FL 33067 TE IN THIS SPACE 03042004 4. FEI Numb 65-09 5. Certificate Int Registered Agent DO IN Tor the purpose of changing its registered office or registered agent, or both of the purpose of changing its registered Agent separature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	

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:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date