

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73044

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: AIRLINER PAINTING, INC.

## Current Principal Place of Business:

14890 NE 11TH AVE  
N MIAMI, FL 33161

## New Principal Place of Business:

1424 OXFORD STREET  
WEST PALM BEACH, FL 33405 US

## Current Mailing Address:

14890 NE 11TH AVE  
N MIAMI, FL 33161

## New Mailing Address:

424 OXFORD STREET  
WEST PALM BEACH, FL 33405 US

FEI Number: 65-0282431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIGUEL, LUIS  
1611 S OLIVE AVE  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

MIGUEL, LUIS  
424 OXFORD STREET  
WEST PALM BEACH, FL 33405 US

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MIGUEL, LUIS,  
Address: 219 N.E. 20TH STEET  
City-St-Zip: MIAMI, FL 33137

Title: DST ( ) Delete  
Name: MIGUEL, TERESITA,  
Address: 219 N.E. 20TH STEET  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MIGUEL, LUIS,  
Address: 424 OXFORD STREET  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: DST (X) Change ( ) Addition  
Name: MIGUEL, TERESITA,  
Address: 424 OXFORD STREET  
City-St-Zip: WEST PALM BEACH, FL 33405 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MIGUEL

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date