

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90200 046 ***150.00

DOCUMENT # V66787

1. Entity Name
MIAMI AIR MECHANICAL, INC.



Principal Place of Business
**7805 NORTH WEST 55 STREET
MIAMI, FL 33166 US**

Mailing Address
**7805 NW 55TH STREET
MIAMI, FL 33166 US**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0361713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARLSON, RICHARD L.
5031 S.W. 188TH AVE.
FT. LAUDERDALE, FL 33332**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DV
NAME	CARLSON, RICHARD L.
STREET ADDRESS	5031 S.W. 188TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	DP
NAME	JOFFEE, MICHAEL S.
STREET ADDRESS	3230 ROSEWOOD COURT
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	DS
NAME	LLOSENT, EDUARDO
STREET ADDRESS	7301 SW 80 COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

4/26/04

Date

(305) 592-5780

Daytime Phone #