

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2005 90181 050 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0361713	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARLSON, RICHARD L. 5031 S.W. 188TH AVE. FT. LAUDERDALE, FL 33332				7. Name and Address of New Registered Agent Name Goldman, David E. Street Address (P.O. Box Number is Not Acceptable) 2630 N.E. 203rd Street Suite 103 City North Miami Beach FL Zip Code 33180	
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 David E. Goldman DAVID C. GOLDMAN 02/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARLSON, RICHARD L. 5031 S.W. 188TH AVE. FORT LAUDERDALE, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOFFEE, MICHAEL S. 3230 ROSEWOOD COURT FORT LAUDERDALE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LLOSENT, EDUARDO 7301 SW 80 COURT MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Chore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-24-05 305-592-5780 <small>Date Daytime Phone #</small>			

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