

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66787

FILED
Mar 24, 2009
Secretary of State

Entity Name: MIAMI AIR MECHANICAL, INC.

Current Principal Place of Business:

7805 NORTH WEST 55 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7805 NW 55TH STREET
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0361713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, DAVID E
2630 NE 203RD STREET STE 103
NORTH MIAMI, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOFFEE, MICHAEL S.,
Address: 3230 ROSEWOOD COURT
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DS () Delete
Name: LLOSENT, EDUARDO,
Address: 7301 SW 80 COURT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: LLOSENT, EDUARDO,
Address: 4448 NW 98 AVE., DORAL CHASE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL JOFFEE

DS

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date