


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90046 050 \*\*\*150.00

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<b>DOCUMENT # 855486</b>					
1. Entity Name AAA AIR EXPRESS OF MIAMI, LTD., INC.					
Principal Place of Business 3333 NEW HYDE PARK ROAD STE 301 NEW HYDE PARK, NY 11042			Mailing Address 3333 NEW HYDE PARK ROAD STE 301 NEW HYDE PARK, NY 11042		
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 11-2385086	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEEHAN, JACK J		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOTITO, ANGELA		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADISON, JAMES		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VREECHIONE, ROBERT		NAME	VREECHIONE, ROBERT	
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNER, WOODROW		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEFFENS, ANDREW		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD STE 301		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 11042		CITY-ST-ZIP		
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: <i>James Meehan, CFO</i>			Date: 1/05/05 (516) 365-2000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		