2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000914

Entity Name: AWAS AVIATION SERVICES, INC.

FILED May 02, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:			
SUITE 100	ST STREET)-5 RK, NY 10004					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 100	ST STREET 0-5 RK, NY 10004					
FEI Number	: 13-4145141	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1201 HAY: TALLAHA:	ATION SERVIO S STREET SSEE, FL 323	012525 US				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI						
	Electror	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HAMILTON, SA	REET, SUITE 100-5	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	PRAY, FRANKI	REET, SUITE 100-5	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KARAVASILIS,	Delete KIM WERDERMAN REET, SUITE 100-5 Y 10004 US	Title: Name: Address: City-St-Zip:	KARAVASILI ONE WEST	(X) Change () Addition S, KIM WERDERMAN STREET, SUITE 100-5 NY 10004 US	
Title: Name:	LOPES, ANTO	Delete NO	Title: Name:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: KIM WERDERMAN KARAVASILIS DVS 05/02/2008

BELLEVUE, WA 980004 US

City-St-Zip: