

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000914

FILED
Apr 29, 2009
Secretary of State

Entity Name: AWAS AVIATION SERVICES, INC.

Current Principal Place of Business:

ONE WEST STREET
SUITE 100-5
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

ONE WEST STREET
SUITE 100-5
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-4145141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: HAMILTON, SALLY S
Address: ONE WEST STREET, SUITE 100-5
City-St-Zip: NEW YORK, NY 10004 US

Title: D () Delete
Name: PRAY, FRANKLIN
Address: ONE WEST STREET, SUITE 100-5
City-St-Zip: NEW YORK, NY 10004 US

Title: DVS () Delete
Name: KARAVASILIS, KIM WERDERMAN
Address: ONE WEST STREET, SUITE 100-5
City-St-Zip: NEW YORK, NY 10004 US

Title: V (X) Delete
Name: LOPES, ANTONIO
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 980004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change () Addition
Name: KARAVASILIS, KIM WERDERMAN
Address: ONE WEST STREET, SUITE 100-5
City-St-Zip: NEW YORK, NY 10004 US

Title: V (X) Change () Addition
Name: LOPES, ANTONIO
Address: 801 BRICKELL AVENUE, SUITE 800
City-St-Zip: MIAMI, FL 33131 US

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

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: KIM WERDERMAN KARAVASILIS

VP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date