

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000003352

1. Entity Name
FLORIDA WEST INTERNATIONAL AIRWAYS, INC.



Principal Place of Business

**6640 22ND ST.
BLG 707 STE 216
MIAMI, FL 33122**

Mailing Address

**PO BOX 025752
MIAMI, FL 33102-5752**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0591367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	RASNAVAD, MANSOUR
STREET ADDRESS	6640 NW 22ND ST.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	RAMIREZ, ERNESTO
STREET ADDRESS	6640 NW 22ND ST.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	FRAZIER, PHILLIP
STREET ADDRESS	6640 NW 22ND ST.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	SCFO
NAME	GITLITZ, MARTIN
STREET ADDRESS	6640 NW 22ND ST.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VP
NAME	RODRIGO, HIDALGO
STREET ADDRESS	6640 NW 22ND ST.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VP
NAME	BLANCO, RICK
STREET ADDRESS	6640 NW 22ND ST
CITY-ST-ZIP	MIAMI, FL 33122

U00000634681
02/22/07-60021-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mansour Rasnavad president/CEO 2-8-07 305-341-9000
MANSOUR RASNAVAD