#### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

# DOCUMENT # F97000005893

1. Entity Name

MARTINAIR HOLLAND, N.V.



Principal Place of Business

**SIGNATURE** 

5550 GLADES ROAD SUITE 600 BOCA RATON, FL 33431

Mailing Address

5550 GLADES ROAD SUITE 600 BOCA RATON, FL 33431

## **FILED** Jun 02, 2005 8:00 am **Secretary of State**

06-02-2005 90002 011 \*\*\*558.75

50053240



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (10/03) 05162005 No Chg-P

4. FEI Number Applied For 13-3178313 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required \_\_\_

JARVIS, JAMES W ESQ. 1500 SAN REMO, SUITE 145 CORAL GABLES, FL 33146

## 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 displicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |   |       |      |            |
| FILE NOW!!!. FEE IS \$550.00<br>Due by September 7, 2005   |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |       |      |            |
| 10.  | OFFICERS AND DIRE  | CTORS   |       |      |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>VERBERK, ARIE<br>TJASKERMOLEN 10, 3352 XJ<br>PAPENDRECHT,           |   |       |      |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | C<br>RONALD VAN DE GEER<br>5550 GLADES RD #600<br>BOCA RATON, FL 33431     |   |       |      |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CFO DE FLUITER, ROBERT PO BOX 7507, 111826 SCHIPOL AIRPORT, NETHERLANDS    | 6,  | • 5 1 | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SVGM<br>DRAAI, GERRIT<br>5550 GLADES RD, SUITE 600<br>BOCA RATON, FL 33431 |   |       | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |       |      | •          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |       |      |            |
| 12. Thereby 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 by supplemental poport 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 |  |   |       |      |            |