2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005893

City-St-Zip:

SRVP

SCHOLTEN, PETER

5550 GLADES RD, #500

BOCA RATON, FL 33431 US

Title:

Name:

Address:

City-St-Zip:

Entity Name: MARTINAIR HOLLAND, N.V.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8750 NW 3	36 ST, SUITE:		•	ivew i iiiici	ipai i lace oi	Dusiness.	
DORAL, F	L 33178						
Current Mailing Address:				New Mailing Address:			
8750 NW (DORAL, F	36 ST, SUITE: L 33178	300					
FEI Number:	: 13-3178313	FEI Number Applied For ()	FEI Numb	ber Not Appli	cable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1500 SÁN	AMES W ESQ REMO, SUITE ABLES, FL 33	E 145					
	named entity of Florida.	submits this statement for the	purpose of	changing it	s registered o	office or registered agent,	, or both,
SIGNATU	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name:	VERBERK, AR) Delete E		Title: Name:	GREGOROWI	() Change()Addition TSCH, PAUL	
Address: City-St-Zip:	PO BOX 7507 SCHIPHOLAIR	PORT, NETHERLANDS, NH 1118 Z		Address: City-St-Zip:	PO BOX 7507 SCHIPHOLAIR	PORT, NETHERLANDS, NH 1	118 ZG NL
Title: Name: Address: City-St-Zip:	D (RONALD VAN 5550 GLADES BOCA RATON,	RD #500	1	Title: Name: Address: City-St-Zip:	D (X RONALD, VAN 8750 N.W 36 S DORAL, FL 33	ST, SUITE 300	
Title: Name: Address:	CFO (DE FLUITER, F PO BOX 7507) Delete ROBERT	1	Title: Name: Address:	() 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:

SRVP

SCHOLTEN, PÉTER

DORAL, FL 33178 US

8750 N.W 36 ST, SUITE 300

(X) Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RON VAN DE GEER D 01/21/2008

SCHIPOL AIRPORT, NETHERLANDS, NH 1118 ZG NL

() Delete