


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047525
1. Entity Name
AIREWEB TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
5200 TOWN CENTER CIR., #450 5200 TOWN CENTER CIR., #450
BOCA RATON, FL 33486 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1017386 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, RENE
5200 TOWN CENTER CIR., #450
BOCA RATON, FL 33486

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, RENE 5200 TOWN CENTER CIR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEQARRA, JUAN C 5200 TOWN CENTER CIR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADRON, FRANCISCO 5200 TOWN CENTER CIR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARRESE-IGOR, FELIX 5200 TOWN CENTER CIR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000011336
01/23/04-80034-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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] Date: 1/19/04 Daytime Phone #: (561) 999-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #