


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 5200 TOWN CENTER CIR., #450 BOCA RATON, FL 33486	Mailing Address 5200 TOWN CENTER CIR., #450 BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1017386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA, RENE
 5200 TOWN CENTER CIR., #450
 BOCA RATON, FL 33486

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

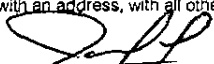
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000220467 02/08/05-80072-007 150.00
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10. OFFICERS AND DIRECTORS

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/1/05 (561) 999-8088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #