

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028795

FILED
Jan 28, 2009
Secretary of State

Entity Name: PRESTIGE AERO SERVICES, INC.

Current Principal Place of Business:

7307 NW 56TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7307 NW 56TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0573075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, RAUL E
14850 S.W 43 CT.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNEZ, RUAL
Address: 14850 SW 43 CT
City-St-Zip: MIRAMAR, FL 33027

Title: V () Delete
Name: ARREGUI, RICARDO J
Address: 7307 NW 56TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: NUNEZ, RAUL E
Address: 14850 SW 43 CT
City-St-Zip: MIRAMAR, FL 33027

Title: V,S (X) Change () Addition
Name: ARREGUI, RICARDO J
Address: 7307 NW 56TH STREET
City-St-Zip: MIAMI, FL 33166

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.

SIGNATURE: RAUL E NUNEZ

P

01/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date