2007 FOR PROFIT CORPORATION

FILED Jan 22, 2007 8:00 am

ANNUAL REPURI							Secretary of State				
DOCUMENT # 677796					A.3/###53A/S						
1. Entity Nam	ne						01-22-2007 9	90109 00	7 ***158	.75	
ROBERTS AIR SOUTH, INC.											
Principal Plac	e of Busines	S5	Mailing Address								
28700 S.W. 217TH AVE.			28700 S.W. 217TH AVE.			•					
HOMESTEAD, FL 33030			HOMESTEAD, FL 33030								
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Principal Place of Business - No P.O. Box # Mailing Address									-		
			28701 SW 219 AVE			† LO BLU II II II II	(NUMS) IKUNI IKUSO INSI NI	I STEM STATE ETE	4 BAND DAN BAND	}221 1224	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State			4. FEI Numbe	· · · · · · · · · · · · · · · · · · ·		· · · ·	plied For	
			Homeslead, FL			59-200			h	Applicable	
Zip		Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add		
	2 N		33030	<u>USA</u>					Fee Required	d	
·····	o. Name	e and Address of Currer	Name	7. Name and Address of New Registered Agent Name							
ROBERTS, JOHN R. JR.											
28700 S.W. 217TH AVE HOMESTEAD, FL 33030					Street Address (P.O. Box Number is Not Acceptable)						
HOMEOTE	EAD, FL (33030									
				City					Zip Code	- · · · · · · · · · · · · · · · · · · ·	
A 75								FL			
		ity submits this statement stered agent.	for the purpose of changing its re	egistered office o	r register	ed agent, or bo	th, in the State of Fli	orida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, types	d or printed name of registered ago	ont and title if appricable. (NCTE:)	Nogratered Agent egna	rae rechared	when reinstating)		EMTE	 	 -	
		FEE IS \$150.00	Selection Campaign Trust Fund Contrib	-		00 May Be of to Fees					
ATTERM	ay 1, 200	7 Fee will be \$550	J.UU HUSET SAG COMME	Julioni.	AUU:	av to rees					
10.		OFFICERS AN	D DIRECTORS	11.	1	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	
TITLE NAME	STD	'S, GLORIA	☐ Delete	THTLE NAME	570	LOOTS	FIDEIA		☐ Change	Addition	
STREET ADDRESS						101 SW	SlORIA 219 BA	<i>tre</i>			
CITY-ST-ZIP	MIAMI, F	£ 00000,	CHY-ST-ZIP	140	mesTe	ad, FL	3303	30			
TITLE	V		☐ Delete	THTLE	V				☐ Change	Addition	
NAME CEDEET LONGEOG	1	S, GLORIA		NAME STREET ADDRESS	KOL	ereis, c	SIORIA 219 = A	le			
STREET ADDRESS CITY-ST-ZIP					287	10/50	1 (3	7. 7.0			
RILE	PD		□ Detete	CITY-ST-ZIP		nes iea	d, FL 3	3030	☐ Change	Ti samina	
NAME	1	S, JOHN R, JR	L Descre	NAME	PD	ante d	AHNR JA	₹	L Ciange	Addition	
STREET ADDRESS	ADDRESS 9691 KENDALE BLVD STR					2015,4	219 00	gre			
CITY-ST-ZIP	MIAMI, F	L 00000,		CITY-ST-ZIP	Ho	mesTe	DANR, JA 219 EL	<i>330</i> 3	0		
TITLE.			☐ Delete	TITLE					Change	Addition	
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NAME			LI Dexere	. NAME					Change	☐ ¥000000	
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	1			CATY-ST-ZIP	<u> </u>						
Indicated	on this repo	ort or supplemental report	rith this filing does not qualify for t is true and accurate and that my	/ signature shall t	have the s	same tegat effec	t as if made under	nath: that I s	am an officer	or director	
of the cor	rporation or:	the receiver or trustee err	powered to execute this report as s, with all other like empowered.	s required by Ch.	apter 607	, Florida Statute	s; and that my nam	e appears in	n Block 10 or	Block 11 if	
		CLORIA R	oberts			,	/ /				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR Dayson Phone #											
		GROWN COUNTY AND A TIPEU U	TO REPORTED PARTY OF SPORESTS CALLED	N GIRCEG I GR			URW	D-	ayıme Hidne #		