

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90109 007 \*\*\*158.75

<b>DOCUMENT # 677796</b> 1. Entity Name <b>ROBERTS AIR SOUTH, INC.</b>					
Principal Place of Business <b>28700 S.W. 217TH AVE. HOMESTEAD, FL 33030</b>			Mailing Address <b>28700 S.W. 217TH AVE. HOMESTEAD, FL 33030</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>28701 SW 219<sup>th</sup> Ave</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Homestead, FL</b> Zip <b>33030</b>		Country <b>USA</b>	
4. FEI Number <b>59-2009915</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01132007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROBERTS, JOHN R. JR. 28700 S.W. 217TH AVE HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROBERTS, GLORIA</b> <b>9691 KENDALE BLVD</b> <b>MIAMI, FL 00000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Roberts, Gloria</b> <b>28701 SW 219<sup>th</sup> Ave</b> <b>Homestead, FL 33030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROBERTS, GLORIA</b> <b>9691 KENDALE BLVD</b> <b>MIAMI, FL 00000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Roberts, Gloria</b> <b>28701 SW 219<sup>th</sup> Ave</b> <b>Homestead, FL 33030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Gloria Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/18/2007</u> Daytime Phone # <u>305-246-0179</u>		