2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State

Principal Place of Business COLDEN (ROVE ROAD PIARCO, P. TRINI-DA) PIARCO, P. TRINI-DA) PIARCO, P. TRINI-DA PIARCO, P. TRINIDAD PIARCO, P. TRINIDA	DOCUMENT # F0000004155 1. Entity Name BWIA WEST INDIES AIRWAYS LIMITED, INC.						08-02-2005 90030 027 ***150.00					
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Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fiee Required	City & State		City & State							1—1—		
BOYCE, STEVEN C C/O BWIA WEST INDIES AIRWAYS LIMITED TICKET COUNTER, 2ND LEVEL, CONCOURSE G MIAMI INT. AIRPORT, MIAMI, FL 33159 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 FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE V ARME CARRINGTON, BEATRIX STREET ADDRESS OLDEN GROVE ROAD 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE V CARRINGTON, BEATRIX STREET ADDRESS OLDEN GROVE ROAD 017-51-79 117-51-7	Zip	Country	Zip Cou		try		5 Certificate of Status Desired			8.75 Add	ditional	
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MIAMI INT. AIRPORT, MIAMI, FL 33159 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, tipsed or private return or					Street Address (P.O. Box Number is Not Acceptable)							
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11 10. CARRIAGORESS GOLDEN GROVE ROAD STREET ADDRESS CITY-ST-ZIP 10. CARRINGTON, BEATRIX STREET ADDRESS 10. CARRINGTON, BEATRIX STREET ADDRESS 10. CITY-ST-ZIP COLDEN GROVE ROAD CITY-ST-ZIP 10. CARRINGTON, BEATRIX STREET ADDRESS 10. CITY-ST-ZIP CARRIAGOR, P.C. TRINIDAD CITY-ST-ZIP 10. CARRIAGORESS CITY-ST-ZIP 10. CARRIAGOR CARRIAGOR CARRIAGOR CITY-ST-ZIP 10. CARRIAGOR CARRIAGOR CARRIAGOR CITY-ST-ZIP 10. CARRIAGOR CARRIAGOR CARRIAGOR CARRIAGOR CITY-ST-ZIP 10. CARRIAGOR CARRIAGOR CITY-ST-ZIP 10. CARRIAGOR CARRIAGO	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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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)(i), 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 AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 21ST 2005, 868-669-3000 EXT 2277