

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-02-2005 90030 027 ***150.00

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1. Entity Name
BWIA WEST INDIES AIRWAYS LIMITED, INC.



Principal Place of Business
**GOLDEN GROVE ROAD
PIARCO,, PC TRINI-DAD**

Mailing Address
**GOLDEN GROVE ROAD
PIARCO,, PC TRINI-DAD**

50059124



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
98-0160932

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYCE, STEVEN C
C/O BWIA WEST INDIES AIRWAYS LIMITED
TICKET COUNTER, 2ND LEVEL, CONCOURSE G
MIAMI INT. AIRPORT, MIAMI, FL 33159**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GM** ☐ Delete
NAME **TOM YEW, NELSON**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO,, PC TRINIDAD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **CARRINGTON, BEATRIX**
STREET ADDRESS **SUNJET HOUSE, IND. SQ, BRIDGETOWN**
CITY-ST-ZIP **ST. MICHAEL,, BG BARBADOS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **RICHARDS, NICOLE**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO,, PC TRINIDAD**

TITLE **SEC** ☒ Change ☐ Addition
NAME **LAQUIS, RACHEL**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO, PC TRINIDAD**

TITLE **CFO** ☐ Delete
NAME **BILLY, BRENDA**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO,, PC TRINIDAD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **RAMPAUL, KIMCHAND**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO,, PC TRINIDAD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **HENDERSON, HUGH**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO,, PC TRINIDAD**

TITLE **VP** ☒ Change ☐ Addition
NAME **ASHMAN, IAN**
STREET ADDRESS **GOLDEN GROVE ROAD**
CITY-ST-ZIP **PIARCO, PC TRINIDAD**

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: *Rachel Laquis* **RACHEL LAQUIS,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 21ST 2005, 868-669-3000 EXT 2277
Date Daytime Phone #