


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 003 ***150.00

DOCUMENT # F00000004155 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM TOM YEW NELSON GOLDEN GROVE ROAD PIARCO,, PC TRINIDAD <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIES, PETER 30 EDWARD STREET PORT-OF-SPAIN, TRINIDAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAQUIS, RACHEL GOLDEN GROVE ROAD PIARCO, PC TRINIDAD. <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BILLY, BRENDA GOLDEN GROVE ROAD PIARCO,, PC TRINIDAD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMPAL, KIMCHAND GOLDEN GROVE ROAD PIARCO,, PC TRINIDAD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHMAN, IAN GOLDEN GROVE ROAD PIARCO, PC TRINIDAD, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, JOANNE GOLDEN GROVE ROAD PIARCO, TRINIDAD <input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			26 APRIL, 2006 <small>Date Daytime Phone #</small>		

Rachel Laquis
General Counsel of Corporate Secretary