2006 FOR PROFIT CORPORATION

FILED Mar 27, 2006 8:00 am Secretary of State

ANNUAL REPORT	1

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DOCUMENT # F0100005854 1. Entity Name AEROCAV INTERNATIONAL INC.								90251 008 ***				
Principal Placi	e of Busines	s	Mai	ling Address		•						
2437 NW 97TH AVE				2437 N.W. 97TH AVENUE								
MIAMI, FL 33172				MIAMI, FL 33172								
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Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E034 (11			
City & State			City & State				4. FEI Numb 65-109		-	Not A	ied For Applicable	
Zip ·		Country	Zi	P	Coun	try	5. Certificate	e of Status Desired	□ \$8.75 Fee Re	3 Addition	onal	
	6. Name	and Address of Current	Registe	red Agent			7. Name and	d Address of New R	registered Agent			
Name monty to							און אינו	ALDEC CDA DA				
ARVESU 8		ATES		-		TONY VALDES CPA PA Street Address (P.O. Box Number is Not Acceptable)						
SUITE 502				•								
CORAL GA	ABLES, F	L 33134				2550	NW 72 AVE	NUE SUITE	111			
						. CityMIAMI	[Code 122-	1347	
8. The above	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 obligat	ions of regis	tered agent.					-					
SIGNATURE Sonature, typed or privide near of registered agent and little if applicable (NOTE: Registered Agent signature							wited when reinstation)		3/13/06	<u>. </u>		
	Signature, types	or printed name at registered against	and lille # .	appacate (NOTE	. negratere	O Agent agriculture rad	(COLDO PARENTENISTONIST)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND	DIRECT	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TORS	N 11	
TITLE	D	•		Delete	TITLE				☐ Cha	ange	Addilion	
NAME	GOMEZ, LEOPOLDO H					E ET ADDRESS						
STREET ADDRESS CITY - ST - ZIP						-ST-ZIP						
TITLE	DC Detete III'u								☐ Ch	ange	Addition	
NAME	POSSAMAI, ANTONIO R					Ε						
STREET ADDRESS	· · · · · ·				STRE	ET ADDRESS						
CITY-ST-ZIP	oration, reneeded,					-ST-ZIP			<u> </u>			
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NAME STREET ADDRESS	LAS URB	OS, REINALDO				ET ADDRESS					ł	
CITY ST-ZIP	1	S, VENEZU ELA , -				- ST - ZIP						
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NAME					NAM						}	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					1	
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NAME				_ below	NAM				_	•	_	
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NAME CARCAL ADDRESS					NAM STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	}					-\$1-ZIP					ļ	
	certify that th	se information supplied with	n this fili	ng does not qualify to	or the ex	emptions conta	ined in Chapter 11	19, Florida Statutes.	further certify that	the info	ormation	
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 of 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 an other like empowered.												
changed	, or on an at	achment will an address,	with all	other like empowered								
SIGNAT	URF.	Mond	au	esecr		ONIO POS	SAMAI		786-40		888	
3.3.471	~··	SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 8										