## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F01000005854

Name:

Address:

City-St-Zip:

**FILED** Sep 21, 2006 Secretary of State

**Entity Name:** AEROCAV INTERNATIONAL INC. **Current Principal Place of Business: New Principal Place of Business:** 2437 NW 97TH AVE MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 2437 N.W. 97TH AVENUE MIAMI, FL 33172 FEI Number: 65-1092037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TONY VALDES CPA PA 2550 NW 72 AVE SUITE 111 MIAMI, FL 331221247 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GOMEZ, LEOPOLDO H Name: Name: **URB LOS NARANJOS** Address: Address: City-St-Zip: CARACAS, VENEZUELA, -City-St-Zip: Title: DC Title: () Delete () Change () Addition POSSAMAI, ANTONIO R Name: Name: LAS MESETAS DE SANTA ROSA Address: Address: City-St-Zip: CARACAS, VENEZUELA, -City-St-Zip: Title: Title: ( ) Delete () Change () Addition COGOLLOS, REINALDO Name: Name: LAS URBINA Address: Address: City-St-Zip: CARACAS, VENEZUELA, -City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MORALES, VERONICA Name: Name: Address: Address: 7516 NW 112 PL City-St-Zip: City-St-Zip: DORAL, FL 33178 US Title: Title: ( ) Change (X) Addition ( ) Delete

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RECIO, EDWARD

5524 NW 114TH AV. #203

DORAL, FL 33178 US

SIGNATURE: EDWARD RECIO D 09/21/2006