2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000005854

Title:

Name:

Address:

City-St-Zip:

FILED Apr 04, 2007 Secretary of State

Entity Name: AEROCAV INTERNATIONAL INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2437 NW 9 MIAMI, FL						
Current Mailing Address:			New Mailir	New Mailing Address:		
2437 N.W. MIAMI, FL	97TH AVENUE 33172	Ē				
FEI Number:	65-1092037	FEI Number Applied For ()	FEI Number Not Appli	cable ()	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 in the State		ubmits this statement for the pur	pose of changing it	s registered o	ffice or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent Date						
	Liectronii	o olgilature of Negistered Agent	•		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I GOMEZ, LEOPO URB LOS NARAI CARACAS, VENE	NOS	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	DC () POSSAMAI, ANT LAS MESETAS I CARACAS, VENI	DE SANTA ROSA	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I COGOLLOS, RE LAS URBINA CARACAS, VENE		Title: Name: Address: City-St-Zip:	TINOCO, PEDF	AL, SANTA FE NORTE	
Title: Name: Address: City-St-Zip:	D, S () I MORALES, VER 7516 NW 112 PI DORAL, FL 331	-	Title: Name: Address: City-St-Zip:	()) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VERONICA MORALES D, S 04/04/2007

() Delete

RECIO, EDWARD

5524 NW 114TH AV. #203

DORAL, FL 33178 US

() Change () Addition