2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000005854

1. Entity Name
AEROCAV INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2437 NW 97TH AVE MIAMI, FL 33172	2437 N.W. 97TH AVENUE MIAMI, FL 33172

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092037
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TONY VALDES CPA PA
2550 NW 72 AVE
SUITE 111
MIAMI, FL 33122-1247

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, LEOPOLDO H
STREET ADDRESS	URB LOS NARANJOS
CITY-ST-ZIP	CARACAS, VENEZUELA, -
TITLE	DC
NAME	POSSAMAI, ANTONIO R
STREET ADDRESS	LAS MESETAS DE SANTA ROSA
CITY-ST-ZIP	CARACAS, VENEZUELA, -
TITLE	D
NAME	TINOCO, PEDRO
STREET ADDRESS	QTA. QUIZANDAL, SANTA FE NORTE
CITY-ST-ZIP	CARACAS, VENEZUELA, -
TITLE	D, S
NAME	MORALES, VERONICA
STREET ADDRESS	7516 NW 112 PL
CITY-ST-ZIP	DORAL, FL 33178
TITLE	D
NAME	RECIO, EDWARD
STREET ADDRESS	5524 NW 114TH AV. #203
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-00071-014 150.00

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: Veronica Morales Jan 28/08 786 464-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #