

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006147

Entity Name: HOLIDAY AIRWAYS CORP.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

325 PALMETTO DR.  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

5600NW 36 ST  
SUITE104  
MIAMI, FL 33122

## Current Mailing Address:

325 PALMETTO DR.  
MIAMI SPRINGS, FL 33166

## New Mailing Address:

PO BOX 661437  
MIAMI SPRINGS, FL 33266

FEI Number: 13-4213661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALENTIN, HECTOR G  
325 PALMETTO DR.  
MIAMI SPRINGS, FL 33166 US

## Name and Address of New Registered Agent:

VALENTIN, HECTOR G  
5600 NW 36ST  
104  
MIAMI, FL 33122 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: HECTOR G VALENTIN

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: VALENTIN, HECTOR G  
Address: 325 PALMETTO DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: S ( ) Delete  
Name: VALENTIN, GABRIEL A  
Address: 325 PALMETTO DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SVP (X) Delete  
Name: JOSE, LAZAGA I  
Address: 325 PALMETTO DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: VALENTIN, HECTOR G  
Address: 5600NW 36 ST  
City-St-Zip: MIAMI, FL 33122

Title: S (X) Change ( ) Addition  
Name: VALENTIN, HECTOR G  
Address: 5600 NW 36 ST  
City-St-Zip: MIAMI, FL 33122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: HECTOR G VALENTIN

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date