


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005045</b>	
1. Entity Name <b>SANTA BARBARA AIRLINES S.A.</b>	

Principal Place of Business <b>220 ALHAMBRA CIRCLE SUITE 260 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>220 ALHAMBRA CIRCLE SUITE 260 CORAL GABLES, FL 33134 US</b>
---	---

DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>05-0588823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GONZALEZ-CARRILLO, GABRIELA  
220 ALHAMBRA CIRCLE  
SUITE 260  
CORAL GABLES, FL 33134**

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 *Gabriela Carrillo* CEO 03/17/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ YANES, FRANCISCO 220 ALHAMBRA CIRCLE SUITE 260 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO GONZALEZ CARRILLO, JOSE L 220 ALHAMBRA CIRCLE SUITE 260 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS GONZALEZ CARRILLO, GABRIELA 220 ALHAMBRA CIRCLE SUITE 260 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

000000483196  
04/11/06-90107-010 150.00

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: *Gabriela Carrillo* 03/17/06 786 437800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #