

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005045

FILED
Jan 16, 2008
Secretary of State

Entity Name: SANTA BARBARA AIRLINES S.A.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
SUITE 260
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
SUITE 260
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 05-0588823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRENDA, URDANETA M RA
8463 NW 107TH
PATH #2
DORAL, FL 33178 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: BRENDA URDANETA

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JORGE, ALVAREZ
Address: 220 ALHAMBRA CIRCLE SUITE 260
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD () Delete
Name: GONZALEZ CARRILLO, JOSE L
Address: 220 ALHAMBRA CIRCLE SUITE 260
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VDTs (X) Delete
Name: GONZALEZ CARRILLO, GABRIELA
Address: 220 ALHAMBRA CIRCLE SUITE 260
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: SIMON, LESLY DIR
Address: 220 ALHAMBRA CIRCLE SUITE 260
City-St-Zip: CORAL GABLES, FL 33134

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: LESLY SIMON

DIR

01/16/2008

Electronic Signature of Signing Officer or Director

Date