

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90046 018 ***150.00

DOCUMENT # F95145			
1. Entity Name AIRLINES BROKERS COMPANY, INC.			
Principal Place of Business 3971 SW 8 ST. #307 MIAMI, FL 33134 US		Mailing Address 553 NE 205 AVENUE WILLISTON, FL 32696 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2630 Sugarloaf Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft. Lauderdale, Fl.	
Zip		Zip 33312-4636	
Country		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KITAIF, SHERYL 1982 S R 44 #311 NEW SMYRNA BEACH, FL 32168		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNERUD, VIVIAN	NAME	Mannerud, Vivian
STREET ADDRESS	553 NE 205 AVENUE	STREET ADDRESS	2630 Sugarloaf Lane
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Ft. Lauderdale, Fl. 33312-4636 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBLE, MARVIN	NAME	Verble, Marvin
STREET ADDRESS	553 NE 205 AVENUE	STREET ADDRESS	2630 Sugarloaf Lane
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Ft. Lauderdale, Fl. 33312-4636 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 employees.			
SIGNATURE: X <i>Luan Mannerud Verble</i>		Date: <i>3-10-08</i> Daytime Phone #: <i>305 775 0677</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-2212866 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required