2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90267 009 ***150.00 DOCUMENT # F96000001651 1. Entity Name CUSTOM AIR TRANSPORT, INC. - ب ن ب Principal Place of Business Mailing Address 9100 S.DADELAND BLVD 9100 S.DADELAND BLVD #1001 #1001 MIAMI, FL 33156 US MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address - Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E034 (11/05) City & State _____ -City & State 4. FEi Number Applied For 88-0334645 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROMEO, CAROLINA ARAGON, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 9100 DADELAND BLVD STE. 1220 MIAMI, FL 33156 9100 SOUTH DADELAND BLUD SUITE 1001 Zip Code 33156 MIAMI 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. ROMEO, CAROLINA SIGNATURE ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE COZZI, RICHARD NAME COZZI, RICHARD NAME 4101 RAVENSWOOD RD. SUITE 101 STREET ADORESS 4101 RAVENSWOOD RD, SUITE 101 STREET ADORESS FORT LAUDERDALE, FL 33312 CITY-ST-7/P FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROMEO, ANTHONY C NAME NAME STREET ADDRESS 9100 S DADELAND BLVD, # 1001 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME ROMEO, CAROLINA NAME 9100 S. DADELAND BLVD.STE.1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 affect 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 it changed, or on an attachment with an address, with all other like empowered. 305-670-3402 CAROLINA NATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR ROMEO SIGNATURE

Date

Daytime Phone #