2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# G04089

Entity Name: AEROCAPAS, INC.

Current Principal Place of Business:

555 NE 15 STREET
STE 7726
MIAMI, FL 33132

New Principal Place of Business:

141 ARAGON AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

555 NE 15 STREET
STE 7726
MIAMI, FL 33132

New Mailing Address:

141 ARAGON AVENUE
CORAL GABLES, FL 33134

FEI Number: 59-2234981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MARTHA
555 NE 15 STREET
STE 7726
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

GONZALEZ, MARTHA
141 ARAGON AVENUE
CORAL GABLES, FL 33134 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: MARTHA GONZALEZ 06/11/2009
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: PD ( ) Delete
Name: GONZALEZ, MARTHA
Address: 555 NE 15 STREET
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: BENAVIDES, WILLIAM JR.
Address: 555 NE 15 STREET
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, MARTHA
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: BENAVIDES, WILLIAM JR.
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: MARTHA GONZALEZ PD 06/11/2009
Electronic Signature of Signing Officer or Director Date