

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90386 037 ***150.00

DOCUMENT # G10546

1. Entity Name
AIR-OCEANIC SERVICES, INCCORPORATED



Principal Place of Business
**3200 NW 112 AVENUE
MIAMI, FL 33172 US**

Mailing Address
**8100 NW 29TH STREET
MIAMI, FL 33122 US**

40087311



2. Principal Place of Business - No P.O. Box #

11010 N.W. 92 Terrace

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 226467

Suite, Apt. #, etc.

03282007

Chg-P

CR2E034 (12/06)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33178

Country

Dade

Zip

33122

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAIRO, VANEGAS C.
8401 SW 107 AVE
APT 317-E
MIAMI, FL 33173**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **VELEZ, GUILLERMO E**
STREET ADDRESS **13925 SW 107 CT.**
CITY-STATE-ZIP **MIAMI, FL.**

TITLE **VS** ☐ Delete
NAME **VELEZ, ELVA A**
STREET ADDRESS **13925 SW 107 CT.**
CITY-STATE-ZIP **MIAMI, FL.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/07

Date

305-592-4121

Daytime Phone #

40087371



Division of Corporations

Annual Report

Annual Report Help

Document Number

G10546

Business Entity Name

AIR-OCEANIC SERVICES, INCCORPORATED

FBI Number

592237150

FBI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

11010 N.W. 92TH TERRACE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33178

US

Mailing Address

Address

P. O. BOX 226467

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33122

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

CAIRO

VANEGAS C.

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

8401 SW 107 AVE

Suite, Apt. #, etc.

APT 317-E

City, State

MIAMI

FL

Zip Code & Country

33173

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40087371

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

VELEZ, GUILLERMO E

Street Address

13925 SW 107 CT.

City, State

MIAMI, FL

Zip Code & Country

Title

VS

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

VELEZ, ELVA A

Street Address

13925 SW 107 CT.

City, State

MIAMI, FL

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title