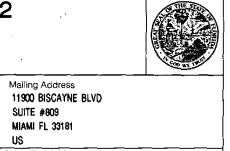
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



FILED Apr 16, 2003 8:00 am Secretary of State

1. Entity Name CARTINA AVIATION LEASING, INC.								04-16-2003 90275 027 ***150.00	
Principal Place of Business 11900 BISCAYNE BLVD SUITE #809 MIAMI FL 33181 US 2. Principal Place of Business			Mailing Address 11900 BISCAYNE BLVD SUITE #809 MIAMI FL 33181 US 3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4	4. FEI Number 59-2404118 Applied For Not Applicable	
Zip	Zip Country		Zip	Zip Coun		itry	5	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
CARLOS CHOMUT						Name			
555 N.E. 34TH STREET, # 2001						Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33137						-			
					City			FL Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or register.							tered :		
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 4 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
, 10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD CHOMUT, 555 N.E. (MIAMI FL	CARLOS 34TH ST #2001		☐ Delete				☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHOMUT, 555 N.E. 3 MIAMI FL	MARTINA 34TH ST #2001		☐ Delete			_	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l.		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	•	í		☐ Change ☐ Addition	
TITUE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Celete		f	·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the	information cumulical with	this filing	Delete	CITY	E Et address -St-Zip	Pooti-	Change Addition	

reflect verify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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: MARTINARTHOMOTRECLIOCIONIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR