
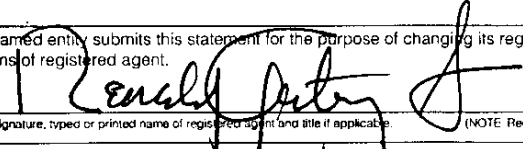
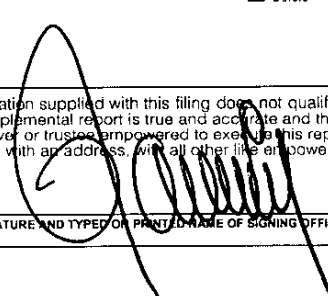


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2007 8:00 am**  
**Secretary of State**

06-27-2007 90001 014 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # M41388</b><br>1. Entity Name<br><b>FALCON AIR EXPRESS, INC.</b>  |   |  |   |             |  |
| Principal Place of Business<br><b>9500 NW 41ST ST<br/>MIAMI, FL 33178 US</b>   |   |  | Mailing Address<br><b>9500 NW 41ST ST<br/>MIAMI, FL 33178 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>601 Brickell Key Drive<br/>Suite 201</b>  |   | 06112007    Chg-P    CR2E034 (12/06)   |  |
| City & State<br>City: <b>Miami, FL</b>   |   | 4. FEI Number<br><b>59-2759909</b>   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable              |  |
| Zip<br><b>33131</b>  | Country<br><b>USA</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                        |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIRUBE, EMILIO<br/>9500 N.W. 41 STREET<br/>MIAMI, FL 33178</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name: <b>Renaldy J. Gutierrez</b><br>Street Address (P.O. Box Number is Not Acceptable): <b>601 Brickell Key Drive, Suite 201</b><br>City: <b>Miami</b> State: <b>FL</b> Zip: <b>33131</b> |  |  |
| 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.<br>SIGNATURE:  DATE: <b>6-11-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>DIRUBE, EMILIO JUAN<br/>9500 NW. 41 ST<br/>MIAMI, FL 331782304</b> | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPS<br><b>Ramiz, Nelson J.<br/>601 Brickell Key Drive, Ste 201<br/>Miami, FL 33131</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:    |   | <b>Nelson J. Ramiz</b>   |   | <b>6/11/2007</b>   | <b>(305) 577-4500</b>  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date</small>  |   | <small>Daytime Phone #</small>   |  |