2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004260

FILED Jan 04, 2008 Secretary of State

Entity Name: AIRWAYS INTERNATIONAL CENTER CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

9600 NW 25TH STREET 1790 NW 96TH AVE SUITE 6E DORAL, FL 33172 US

MIAMI, FL 33172 US

MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

9600 NW 25TH STREET 1790 NW 96TH AVE SUITE 6E DORAL, FL 33172 US

FEI Number: 20-2366860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZURICH, ZACHARY

640 ISLE OF PALMS

LAW OFFICE OF ZACHARY ZURICH, P.A.
95625 OVERSEAS HWY

FORT LAUDERDALE, FL 33301 US KEY LARGO, FL 33037 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: ZACHARY ZURICH 01/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 DEROSA, ANTHONY
 Name:
 LORENZINI, LISANDRO

 Address:
 9600 NW 25TH STREET SUITE 6E
 Address:
 1790 NW 96TH AVE

City-St-Zip: MIAMI, FL 33172 US City-St-Zip: DORAL, FL 33172 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: CONSOLO, PHILIP Name: GORDILLO, GARY

 Address:
 9600 NW 25TH STREET SUITE 6E
 Address:
 1700 NW 96TH AVE

 City-St-Zip:
 MIAMI, FL 33172 US
 City-St-Zip:
 DORAL, FL 33172 US

Title: SD () Delete Title: STD (X) Change () Addition

 Name:
 ZURICH, ZACHARY
 Name:
 ECHEVERRI, GERMAN

 Address:
 640 ISLE OF PALMS
 Address:
 1740 NW 96TH AVE

 City-St-Zip:
 FORT LAUDERDALE, FL 33301 US
 City-St-Zip:
 DORAL, FL 33172 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISANDRO LORENZINI PD 01/04/2008