

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2008
Secretary of State

DOCUMENT# N04000004260

Entity Name: AIRWAYS INTERNATIONAL CENTER CONDOMINIUM, INC.**Current Principal Place of Business:**1790 NW 96TH AVE
DORAL, FL 33172 US**New Principal Place of Business:**1740 NW 96TH AVE
DORAL, FL 33172 US**Current Mailing Address:**9858 COSTA DEL SOL BLVD.
DORAL, FL 33178**New Mailing Address:****FEI Number:** 20-2366860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAW OFFICE OF ZACHARY ZURICH, P.A.
95625 OVERSEAS HWY
KEY LARGO, FL 33037 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LORENZINI, LISANDRO
Address: 1790 NW 96TH AVE
City-St-Zip: DORAL, FL 33172 US**Title:** VPD () Delete
Name: GORDILLO, GARY
Address: 1700 NW 96TH AVE
City-St-Zip: DORAL, FL 33172 US**Title:** STD () Delete
Name: ECHEVERRI, GERMAN
Address: 1740 NW 96TH AVE
City-St-Zip: DORAL, FL 33172 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: CORREA, ILEANA
Address: 1730 NW 96TH AVE
City-St-Zip: DORAL, FL 33172 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PTD (X) Change () Addition
Name: ECHEVERRI, GERMAN
Address: 1740 NW 96TH AVE
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: GERMAN ECHEVERRI

PD

09/24/2008

Electronic Signature of Signing Officer or Director

Date