

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006727

FILED
Jul 05, 2007
Secretary of State

Entity Name: AMERICAN INSTITUTE OF AEROSPACE MEDICINE INC.

Current Principal Place of Business:

2380 SW 80 CT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

2380 SW 80 CT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0753640 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE ARMAS, OMAR
2380 SW 80 CT
MIAMI, FL 33155 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: D () Delete
Name: DE ARMAS, OMAR
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: LEE, XIOMARA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: RUIZ, MARIO
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: REBOREDO, PEDRO
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: LARRAURI, VICTORIA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

Title: D (X) Delete
Name: LARRAURI, OSCAR
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OMAR DE ARMAS

D

07/05/2007

Electronic Signature of Signing Officer or Director

Date