2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N97000006727

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 ( )**

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

Title: S (X) Delete
Name: MALVAR, MARIA E
Address: 2380 S.W. 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:

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: DEARMAS OMAR D 03/31/2009

Electronic Signature of Signing Officer or Director — Date