

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90175 042 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P01000041480</b>			
1. Entity Name <b>ROSMAR AVIATION, INC.</b>			
Principal Place of Business <b>3121 SW 82ND CT MIAMI, FL 33155</b>		Mailing Address <b>9350 S. DIXIE HWY 1500 MIAMI, FL 33156</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3121 SW 82 CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI, FL.</b>	
Zip	Country	Zip <b>33155</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>SEGREDO, FRANK J ESQ 9350 SOUTH DIXIE HWY #1500 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>VAZQUEZ, JUHE &amp; JIRON, PA</b> Street Address (P.O. Box Number Is Not Acceptable) <b>5200 S.W. 8 STREET #120</b> City <b>CORAL GABLES, FL</b> Zip Code <b>33134</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. SIGNATURE <u><i>Julio Jiron, owner</i></u> DATE <u><b>4-22-08</b></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP BERUVIDES, C. MARCELO 3121 SW 82 CT MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>C. Beruvides</i></u> <b>4/23/2008</b> <b>305-788-1318</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	

60033033



04222008 Chg-P CR2E034 (12/06)

4. FEI Number **65-1103717** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**