

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90230 038 ***150.00

DOCUMENT # P02000006865 1. Entity Name EAGLE AIRWAYS, INCORPORATED					
Principal Place of Business 4911 SW 142 PL BLDG 229 MIAMI, FL 33186			Mailing Address 4911 SW 142 PL BLDG 229 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 90-2003937				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREL, RUBEN D 4911 SW 142 PL BLD 229 MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREL, RUBEN D 4911 SW 142 PL MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ALDAICH A. MOREL 4911 SW 142 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAL, DESIREE T 4911 SW 142 PL MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZASHARY D. MOREL 159825 W 96 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 LOPEZ, STEVEN 13533 SW 142 TERR. MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RUBEN D. MOREL 4911 SW 142 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDAICH, MOREL R 4911 SW 142 PL MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/30/2008 (305) 338-6817	