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FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 90166 005 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011339

1. Entity Name
AFFINITY AIRSHARES, INC.

(L) ✓

[redacted]

Principal Place of Business	Mailing Address
6355 NW 36TH STREET, SUITE 200 VIRGINIA GARDENS, FL 33166	6355 NW 36TH STREET, SUITE 200 VIRGINIA GARDENS, FL 33166

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6355 NW 36 st	6355 NW 36 st
Suite, Apt. #, etc. # 604	Suite, Apt. #, etc. # 604
City & State VIRGINIA GARDENS FL	City & State VIRGINIA GARDENS FL
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 56-2366413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANAL, OMAR BOTERO
6355 NW 36TH STREET, SUITE 200
VIRGINIA GARDENS, FL 33166

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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	[illegible] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CANAL, OMAR B 6355 NW 36 ST #604 MIAMI FL 33160 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 4/29/03 305-871-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #