FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90199 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000034251**

1. Entity Name
EVOLUTION AIR, INC.

Principal Place of Business	Mailing Address
66 WEST FLAGLER STREET SUITE 300 MIAMI, FL 33130	66 WEST FLAGLER STREET SUITE 300 MIAMI, FL 33130

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2350 W 84th ST	2350 W 84th ST
Suite, Apt. #, etc.: 20	Suite, Apt. #, etc.: 20
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33016 / Country: DADE	Zip: 33016 / Country: DADE

4. FEI Number: 36-4504814 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOYNE, ROSS B
66 WEST FLAGLER STREET SUITE 300
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: **TAX DEFENSE CENTER**
Street Address (P.O. Box Number is Not Acceptable): **2350 W 84th Street**
Hialeah, FL 33016
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: Elysabet Montanez [signature] 4-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D MORENO, OSCAR 66 WEST FLAGLER STREET SUITE 300 MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Oscar Moreno 2350 W 84th ST #20 Hialeah, FL 33016 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] Oscar Moreno 4-4-03 305-825-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #