FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090838

1. Entity Name
AEROEXPRESS COMMUNICATION, INC.

Principal Place of Business	Mailing Address
8315 NW 64TH ST., BAY #3 MIAMI, FL 33166	8315 NW 64TH ST., BAY #3 MIAMI, FL 33166

2. Principal Place of Business: 9880 SW 88 ST		3. Mailing Address: SAME	
Suite, Apt. #, etc.: H-228		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State	
Zip: 33176	Country: MIAMI-DADE	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3877085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, MARCOS
8315 NW 64TH ST., BAY #3
MIAMI, 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 X [signature] X 04/21/03
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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORREA, LUZ		NAME	
STREET ADDRESS	EDIF ASKAIN, PISO 1, OFIC. R-1		STREET ADDRESS	
CITY-ST-ZIP	CHACAITO, VENEZUELA,		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMIREZ, JULIO		NAME	
STREET ADDRESS	EDIF ASKAIN, PISO 1, OFIC. R-1		STREET ADDRESS	
CITY-ST-ZIP	CHACAITO, VENEZUELA,		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] X 04/21/03 (305) 271-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #