

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000037860

**FILED**  
**May 04, 2007**  
**Secretary of State****Entity Name:** AIRBORNE COMMUNICATION, INC.**Current Principal Place of Business:**6423 COLLINS AVENUE # 908  
MIAMI BEACH, FL 33141**New Principal Place of Business:**2103 CORAL WAY  
SUITE 110  
MIAMI, FL 33145**Current Mailing Address:**6423 COLLINS AVENUE # 908  
MIAMI BEACH, FL 33141**New Mailing Address:**2103 CORAL WAY  
SUITE 110  
MIAMI, FL 33145**FEI Number:** 27-0055915**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARMAS, LUIS A  
6423 COLLINS AVENUE # 908  
MIAMI BEACH, FL 33141 US**Name and Address of New Registered Agent:**ARMAS, LUIS A  
2103 CORAL WAY  
SUITE 110  
MIAMI, FL 33145 US

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.

**SIGNATURE:** LUIS ARMAS

05/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** ARMAS, LUIS A  
**Address:** 6423 COLLINS AVENUE # 908  
**City-St-Zip:** MIAMI BEACH, FL 33141**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** ARMAS, LUIS A  
**Address:** 2103 CORAL WAY SUITE 110  
**City-St-Zip:** MIAMI, FL 33145**Title:** DIR ( ) Change (X) Addition  
**Name:** YUNIS, ENRIQUE P  
**Address:** 2339 CORAL WAY  
**City-St-Zip:** MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LUIS ALFREDO ARMAS

PD

05/04/2007

Electronic Signature of Signing Officer or Director

Date