

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90028 007 ***158.75

DOCUMENT # P03000053945
 1. Entity Name
 VAMANY AIR SUPPORT CORP.



Principal Place of Business Mailing Address
 7357 NW 54TH STREET 7357 NW 54TH STREET
 MIAMI, FL 33166 MIAMI, FL 33166

34035144



03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
 7355 NW 54TH ST. 7355 NW 54TH ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI FL MIAMI FL

Zip Country Zip Country
 33166 FL 33166 FL

4. FEI Number Applied For
 02-0691398 Not Applicable

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

6. Name and Address of Current Registered Agent
~~AVILAN, MANFREDO~~
~~7357 NW 54TH STREET~~
~~MIAMI, FL 33166~~

7. Name and Address of New Registered Agent
 Name CARLOS ANAYA.
 Street Address (P.O. Box Number is Not Acceptable)
 7355 NW 54TH ST.
 City MIAMI FL Zip Code 33166

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: *[Signature]* DATE: 03-22-04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAJAMARCA ROJAS, JOSE N	
STREET ADDRESS	CALLE 124-4334	
CITY-ST-ZIP	BOGOTA COLUMBIA,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTRO SANCHEZ, SIOMARA Y	
STREET ADDRESS	CALLE 124-4334	
CITY-ST-ZIP	BOGOTA COLUMBIA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR