2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR	t)	A1	or 10, 20	06 08:0	0  AM
DOCUMENT # P03000054251 1. Entity Name					Secreta	ry of Sta	ate
SOUTH	AMERICAN AIRWAYS, INC.						
Principal Place of Business		Mailing Address			i I		
8235 LAKE DRIVE, SUITE D-206 MIAMI FL 33186		8235 LAKE DRIVE, SUITE D-206 MIAMI FL 33166					
2. Principal Place of Business		3. Mailing Address			1221 IN 22188 ININ CENI CON	i estin estiat mult blaze mast	ativat trathal it tout
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st	MOORE	CR2E034 (10/0	5)
City & State		City & State		4. FEI Numbe	14-188705	7	Applied For Not Applical
Zìp	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional
	6. Waine and Address of Curren	t Registered Agent		7. Name and	Address of New I	Registered Agent	
VΔI	N LOON, RICHARD		Name		·	··-	
8235 LAKE DRIVE, SUITE D-206 MIAMI FL 66166			Street Address	Street Address (P.O. Box Numbe) is Not Acceptable)			
							<u> </u>
			City				Code
8. The above the obliga	e named entit i scomits this statement t ntions of registered angul	or the purpose of changing its	registered affice or regist	tered agent, or bot	h, in the State of Flo	orida. 1 am Iamiliar	with, and accept
SIGNATURE	Sponiure, hyperant propertients of registered agen	TOM: absolute a time to the ti	E Registored Agent signature requi	rad when reinstation	04	-06-0	6.
Transcript (	SILE NOW!!! FEE IS \$150.00		STEPS TO STEEL AND STATE OF THE	red wren retraining)			<del></del>
After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department of	De season on Ve		}	Election Camp     Trust Fund Cor	:: <u>-</u>	\$5.00 May E. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	TORS IN 11
TITLE NAME	{PD {VAN LOON, RICHARD	☐ Delete	fire		·	☐ Chai	nge 🔲 Addilla
STREET ADDRESS	PO BOX 592373		NAML SIREET ADDRESS		U0000	0499365	
CITY-ST-ZIP	MIAMI FL 33159		<b>ርርፒΥ- ኗ</b> ፒ~ <u></u>		04/24/06	-80026-021	150.00
TITLE	VD	☐ Defete	THTLE		1	☐ Chai	nge 🔲 Addition
NAME STREET ADDRESS	VAN LOON, MARIANNE PO BOX 592373		NAME STREET ADDRESS		š		
GHY-ST-ZIP	MIAMI FL 33159		C)TY-ST-21P		;		
TITLE		☐ Delate	iturt		a d	☐ Chai	age 🔲 Addition
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CITY-ST-ZIP			CITY-ST-ZIP		•		
MILE		☐ Delefe	HITE	<u> </u>	1	☐ Char	nge 🔲 Addition
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City-St-Zip			STREET ADDRESS CITY-SI-ZIP		•		
TITLE		☐ Delele	T(TLE			☐ Chan	age
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HTLE	11	☐ Defete	TITLE	<del></del>	<del> </del>	☐ Chan	nge 🔲 Addition
NAME			NAME		:	<del></del> -	
STREET ADDRESS ' CITY-ST-ZIP	111		STREET ADDRESS CITY-ST-ZIP		1		
			S 277. 27. 24				

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Fibrida 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 of trustee impowered 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 title empowered

SIGNATURE: