

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 014 ***150.00

DOCUMENT # P03000054251

1. Entity Name
SOUTH AMERICAN AIRWAYS, INC.



Principal Place of Business
8235 LAKE DRIVE, SUITE D-206
MIAMI, FL 33166

Mailing Address
8235 LAKE DRIVE, SUITE D-206
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
8600 NW 53RD TER
Suite, Apt. #, etc.
202

3. Mailing Address
PO Box 668617
Suite, Apt. #, etc.

City & State
DORAH FL

City & State
MIAMI FL

Zip
33166 Country
USA

Zip
33166 Country
USA

04242008 Chg-P CR2E034 (12/06)

4. FEI Number
14-1887057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN LOON, RICHARD
8235 LAKE DRIVE, SUITE D-206
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

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, 2008 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 ☐ Delete
NAME VAN LOON, RICHARD
STREET ADDRESS PO BOX 592373
CITY-ST-ZIP MIAMI, FL 33159

TITLE VD ☐ Delete
NAME VAN LOON, MARIANNE
STREET ADDRESS PO BOX 592373
CITY-ST-ZIP MIAMI, FL 33159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME VAN LOON, RICHARD
STREET ADDRESS PO BOX 668617
CITY-ST-ZIP MIAMI FL 33166

TITLE VD ☒ Change ☐ Addition
NAME VAN LOON, MARIANNE
STREET ADDRESS PO BOX 668617
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-08

Date

Daytime Phone #

305-463-6086