

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000058374

Entity Name: AERO CARMO, INC.

FILED
Aug 03, 2005
Secretary of State**Current Principal Place of Business:**220 MIRACLE MILE
SUITE 230
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**220 MIRACLE MILE
SUITE 230
CORAL GABLES, FL 33134 US**New Mailing Address:**

FEI Number: 20-0959590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CARMONA, LETICIA I
220 MIRACLE MILE
SUITE 230
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: CARMONA, LUIS M
Address: 220 MIRACLE MILE, SUITE 230
City-St-Zip: CORAL GABLES, FL 33134 USTitle: S/T () Delete
Name: CARMONA, LETICIA I
Address: 220 MIRACLE MILE, SUITE 230
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: CARMONA, LETICIA I
Address: 220 MIRACLE MILE, SUITE 230
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 M. CARMONA

P

08/03/2005

Electronic Signature of Signing Officer or Director

Date