


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90036 005 ***150.00

DOCUMENT # P0400011,1530	
1. Entity Name MDG AIRLINE SERVICES INC.	

Principal Place of Business 6911 SW 147 AVE. 2-H MIAMI, FL 33193	Mailing Address 6911 SW 147 AVE. 2-H MIAMI, FL 33193
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2. Principal Place of Business - No P.O. Box # 8906 West Flagler St	3. Mailing Address Same
Suite, Apt. #, etc. #219	Suite, Apt. #, etc.
City & State Miami - Florida	City & State
Zip 33174	Country USA



01142008 Chg-P CR2E034 (12/06)

4. FEI Number 51-0523990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUIZ, ROUFF M 145 MADEIRA AVE STE 310 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name: Amanda Janowitz Street Address (P.O. Box Number is Not Acceptable): 8906 West Flagler St #219 City: Miami FL Zip Code: 33174
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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: *Amanda Janowitz* DATE: 01/22/08

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERON, MARIA 6911 SW 147 AVE. 2-H MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: 1/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR