2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 08:00 AM Secretary of State **DOCUMENT # P04000125233** QUANTUM AIR SERVICES, INC. Principal Place of Business Mailing Address 2860 CHAPEL HILL CT 2860 CHAPEL HILL CT DAVIE, FL 33328 DAVIE, FL 33328 US 03252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AGUILAR, JORGE LUIS DO NOT WRITE 2860 CHAPEL HILL CT **DAVIE, FL 33328** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Recustored Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000682815 04/05/07-80018-012 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE AGUILAR, JORGE LUIS NAME STREET ADDRESS 2860 CHAPEL HILL CT CITY-ST-ZIP **DAVIE, FL 33328** TITLE WINCHELL, SARAH E STREET ADDRESS 2860 CHAPEL HILL CT C/TY-ST-Z/P **DAVIE, FL 33328** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby certify that the information sypphed with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 trusted 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 pring like empowered.

SIGNATURE:

CITY-ST-ZIP
TUTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

3/26/07

305766 2091

Daytime Phone #

FILED