2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 AM Secretary of State

DOCUMENT # P04000162172 1. Entity Name ANGLER AIR, INC.		
Principal Place of Business	Mailing Address	
5401 SW 96 AVENUE Miami, FL 33165	5401 SW 96 AVENUE MIAMI, FL 33165	

02062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2252891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, CONSUELO C ESQ. 9415 SUNSET DRIVE, SUITE 200 DO NOT WRITE MIAMI, FL 33173 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee w!!! be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE MARTINEZ, CARLOS NAME STREET ADDRESS 5401 SW 96 AVENUE CiTY-ST-ZIP MIAMI, FL 33165 U00000662409 03/21/07-80012-007 150.00 MARTINEZ, MICHAEL J NAME STREET ADDRESS 5401 SW 96 AVENUE CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CtTY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

SIGNATUREX

-BIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

K3-607

Date

Daytime Phone #