FILED Mar 09, 2006 8:00 am Secretary of State 02-13-2006 90006 025 ***150.00

DOCUI 1. Entity Nam AIR WAY					02-1	3- 20	00 900	000 023		130.00				
Principal Plac	e of Busines	3		Mailing Address				66004391						
1951 NW 6BTH AVENUE BUILDING 706, SUFFE 236 MIAMI, FL 33122				P.O. BOX 592784 MIAMI, FL 33159-2784 US										
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01072006	Chg-f	•	CR2	E034 (11/	05)	
City & State				City & State			4. FEI Numb	30170	271				ofied For Applicable	
Zip	Country			Zip Coun		try		5. Certificati	e of Status D	esired		\$8.75 Fee Re		
	5. Name	and Addres	s of Current R	tagistered Agent	Name _		7. Name are	d Address o						
MARQUEZ	ž, JULIO J			_		G			<u> HARIA</u>		MAN	· Adv		-
1951 NW 68TH AVENUE BUILDING 706, SUITE 236						Street Addre	133 (P.O. Box Numb	oer is Not Ac	ceptab	le)			
MIAMI, FL						2361	V)	N 67 P	HE BIO	13	700			510.
							90	m <u>i</u>			F	L Zip	Code	33112
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, an the obligations of registered agent.													and accept	
_														
SIGNATURE Spharue, typed to printed name of registered agent and date 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees														
10.	P	OF	FICERS AND C		. 11. TITLE		_	ADDITIONS	/CHANGES	TO OF	FICERS A			
TITLE NAME	MARQUEZ, JULIO J					E						☐ Cha	n De	Addition
STREET ADDRESS CITY-ST-ZIP	1951 NW MIAMI, FL		, BUILDING 7	706, SUITE 236	ET ADORESS -ST-ZIP									
TITLE	VP			☐ Detete				,				Cha	nge	Addition
NAME STREET ADDRESS	3	, MARIA A 152ND AV			NAM Stre	ET ADORESS								
CITY-ST-ZIP	MIAMI, FL					-51-21P								
nile Name				Delete	TITLE	I .						☐ Char	nge	Addition
STREET ACTORESS	<u> </u>					ET ADORESS	• -	•• -						
CITY-SI-ZIP		·			CITY	-S1-ZP								
TITLE NAME	! 			□ Delete	TITLE NAME							Cres	nge	☐ Add↓lion
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP								
TITLE	ļ			☐ Delete	TITLE	ſ						☐ Chai	100	☐ Addition
NAME STREET ADDRESS					NAM Stre	ET ADDRESS								
CITY-ST-ZIP	<u> </u>				ату	-ST-ZIP								
TITLE NAME				Octob	TITLE NAM							Cha:	128	Addition
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADORESS -ST-ZIP								
12. I hereby of indicated of the core changed.	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida Statutes. I furner 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 507, 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:													
SIGNAL	71/L	SIGNATUR	AND TYPED OR PE	ENTED NAME OF BIGHING OF	FFICER OR DIRECT	roa	_		Date			Daysime Phor	••	



Division of Corporations

February 16, 2006

AIR WAYS AVIATION, INC. P.O. BOX 592784 MIAMI, FL 33159-2784 US

Subject: AIR WAYS AVIATION, INC.

Reference Number:

P05000086383

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION