2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086383

Entity Name: AIR WAYS AVIATION, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1951 NW 68TH AVENUE 7818 NW, 46 STREET BUILDING 706, SUITE 236 MIAMI, FL 33166 MIAMI, FL 33122

Current Mailing Address:

New Mailing Address:

P.O. BOX 592784 P.O. BOX 227694 MIAMI, FL 331592784 US MIAMI, FL 33122 US

FEI Number: 20-3017071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMANDA, GIRAIDO M GIRALDO, AMANDA M 2361 NW 67 AVE BLDG 700 STE 210 2361 NW 67 AVE BLDG 700 STE 210 MIAMI, FL 33122 US MIAMI, FL 33122 US

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: AMANDA GIRALDO 07/05/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARQUEZ, JULIO J Name: Name: GIRALDO, AMANDA M Address:

1951 NW 68TH AVE, BUILDING 706, SUITE 236 2361 NW 67 AVE BLDG 700 STE 210 Address:

City-St-Zip: MIAMI, FL 33122 US City-St-Zip: MIAMI, FL 33122 US

Title: VΡ (X) Delete Title: () Change () Addition Name: Name:

GIRALDO, MARIA AMANDA 7470 SW 152ND AVENUE #3 Address: Address: MIAMI, FL 33193 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: AMANDA GIRALDO 07/05/2007