

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086383

Entity Name: AIR WAYS AVIATION, INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

7812 NW, 46 STREET
MIAMI, FL 33166

New Principal Place of Business:

7812 NW 46 STREET
MIAMI, FL 33166

Current Mailing Address:

P.O. BOX 227694
MIAMI, FL 33122 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GIRALDO, AMANDA M
7812 NW 46 STREET
MIAMI, FL 33166 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

05/06/2009

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:

Title: P () Delete
Name: GIRALDO, AMANDA M
Address: 2361 NW 67 AVE BLDG 700 STE 210
City-St-Zip: MIAMI, FL 33122 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIRALDO, AMANDA M
Address: 7812 NW 46 STREET
City-St-Zip: MIAMI, FL 33166 US

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.

SIGNATURE: AMANDA GIRALDO

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date