


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90012 011 \*\*\*150.00

<b>DOCUMENT # P05000145494</b> 1. Entity Name <b>AMA AIRWAYS, INC.</b>			
Principal Place of Business <del>1276 OLYMPIC CIRCLE</del> <del>GREEN ACRES, FL 33413</del>		Mailing Address <del>1276 OLYMPIC CIRCLE</del> <del>GREEN ACRES, FL 33413</del>	
2. Principal Place of Business - No P.O. Box # <b>860 NE 212TH TERRACE</b>		3. Mailing Address <b>860 NE 212TH TERRACE</b>	
Suite, Apt. #, etc. <b>APT 3</b>		Suite, Apt. #, etc. <b>APT 3</b>	
City & State <b>NORTH MIAMI BEACH FL</b>		City & State <b>NORTH MIAMI BEACH FL</b>	
Zip <b>33179</b>		Zip <b>33179</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>51-0561933</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ACCIME, ALIX</b> <del>1276 OLYMPIC CIRCLE</del> <del>GREEN ACRES, FL 33413</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>860 NE 212TH TERRACE APT 3</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33179</b>	
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 <u><i>[Signature]</i></u> DATE <u>4/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ACCIME, ALIX <del>1276 OLYMPIC CIRCLE</del> <del>GREEN ACRES FL 33413</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>860 NE 212TH TERRACE APT 3</b> <b>NORTH MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <u><i>[Signature]</i></u> <b>ALIX ACCIME</b>		APR 19 2007 <sup>(305)</sup> 796-4867 <small>Date Daytime Phone #</small>	