
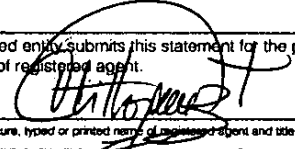
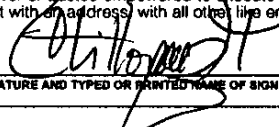


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90074 020 \*\*\*150.00

<b>DOCUMENT # P05000157923</b> 1. Entity Name <b>AIRVALUE, INC.</b>			
Principal Place of Business 11890 SW 8TH STREET #PH7 MIAMI, FL 33184 US		Mailing Address 11890 SW 8TH STREET #PH7 MIAMI, FL 33184 US	
2. Principal Place of Business - No P.O. Box # <b>4995 NW 72 Ave</b> Suite, Apt. #, etc. <b>Suite # 205.</b>		3. Mailing Address <b>4995 NW 72 Ave.</b> Suite, Apt. #, etc. <b>Suite # 205.</b>	
City & State <b>Miami, FL</b> Zip <b>33166</b>		City & State <b>Miami, FL</b> Zip <b>33166</b>	
Country US		Country US	
4. FEI Number <b>20-3881669</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O&amp;P TAX-ACCOUNTING CORP.</b> <b>11890 SW 8TH STREET</b> <b>PENTHOUSE VII</b> <b>MIAMI, FL 33184</b>		7. Name and Address of New Registered Agent Name <b>Castillo Ramos, Xiomara E</b> Street Address (P.O. Box Number is Not Acceptable) <b>4995 NW 72 Ave Suite #205.</b> City <b>Miami</b> FL Zip Code <b>33166</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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>CASTILLO RAMOS, XIOMARA E.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>AV. PRINCIPAL DE BELLO MONTE, TORRE AMERICA</b> CITY-ST-ZIP <b>PISO 4 #405, CARACAS, DF 00000</b>	TITLE <b>President.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Castillo Ramos Xiomara E.</b> STREET ADDRESS <b>4995 NW 72 Ave Suite 205</b> CITY-ST-ZIP <b>Miami, FL. 33166.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>VP.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Airvalue, C.A.</b> STREET ADDRESS <b>Av. Libertador Edificio</b> CITY-ST-ZIP <b>Sielar Ofic 33</b> <b>Caracas 1050.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____			

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