

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000034058

FILED
Apr 01, 2009
Secretary of State**Entity Name:** LIBERTINE AVIATION, INC.**Current Principal Place of Business:**11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412**New Principal Place of Business:****Current Mailing Address:**11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAGILL, THOMAS
11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** MD () Delete
Name: MAGILL, THOMAS
Address: 11550 AVIATION BLVD, SUITE #1
City-St-Zip: WEST PALM BEACH, FL 33412**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MD () Change (X) Addition
Name: LANDIS, PAMELA
Address: 11550 AVIATION BLVD., SUITE 1
City-St-Zip: WEST PALM BEACH, FL 33412

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: THOMAS K MAGILL

MD

04/01/2009

Electronic Signature of Signing Officer or Director_____
Date