

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074962				FILED 07 SEP 17 AM 6:58 TALLAHASSEE, FLORIDA	
1. Entity Name ESTRELLA AIR, INC.		Principal Place of Business C/O BIG SKY AVIATION 3800 SOUTHERN BLVD W PALM BCH, FL 33406			
2. Principal Place of Business - No P.O. Box #		Mailing Address C/O BIG SKY AVIATION 3800 SOUTHERN BLVD W PALM BCH, FL 33406			
Suite, Apt. #, etc.		3. Mailing Address Sophia Lopez, Esq P.O. Box 268493			
City & State		City & State WESTON FL			
Zip	Country	Zip 33326	Country	4. FEI Number	
6. Name and Address of Current Registered Agent CEJAS, ROBERTO A 3800 SOUTHERN BLVD W PALM BCH, FL 33406				7. Name and Address of New Registered Agent Name: Roberto A. Cejas Street Address (P.O. Box Number is Not Acceptable): Unit H 31 Crossings Circle City: Bayton Beach FL Zip Code: 33435	
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: DATE: 7/6/07					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing			
		Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 CEJAS, ROBERTO A 3800 SOUTHERN BLVD W PALM BCH, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Roberto Cejas 31 Crossings Circle Bayton Beach FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300110063289 09/28/07--01057--025 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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:			Date: 7/6/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

209/19