

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2008-90001-044-\$550.00-\$550.00

FILED

08 SEP 26 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000074962 1. Entity Name ESTRELLA AIR, INC.			
Principal Place of Business C/O BIG SKY AVIATION 3800 SOUTHERN BLVD W PALM BCH, FL 33406		Mailing Address C/O SOPHIA LOPEZ, ESQ. P.O. BOX 268493 WESTON, FL 33326 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address ROBERTO A. CEJAS 31 CROSSING CIRCLE #H City & State Boynton Bch FL Zip 33435 Country USA	
City & State Zip Country		4. FEI Number 205146155 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CEJAS, ROBERTO A 31 CROSSINGS CIRCLE BOYTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 31 CROSSING CIRCLE BOYTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:		9-8-08 515969544	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	