


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90216 010 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # P06000092358 1. Entity Name AIR FENIX EXPRESS, INC. | | | |  | |
| Principal Place of Business 8478 NW 72 ST MIAMI, FL 33166 | | | Mailing Address 8478 NW 72 ST MIAMI, FL 33166 | | |
| 2. Principal Place of Business - No P.O. Box # 8232 NW South River Dr. | | 3. Mailing Address 8232 NW South River Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02152008 Chg-P CR2E034 (12/06) | |
| City & State Modley, FL. | | City & State Modley, FL. | | 4. FEI Number 20-5197690 | |
| Zip 33166 | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent CARO, MIRYAN 8478 NW 72 ST MIAMI, FL 33166 | | | 7. Name and Address of New Registered Agent Name CARO MIRYAN Street Address (P.O. Box Number is Not Acceptable) 8232 NW South River Dr. City Modley FL Zip Code 33166 | | |
| 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: <i>Miryam Caro</i> MIRYAN CARO 04/9/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 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 | PSTD CARO, MIRYAN 8478 NW 72 ST MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MARTINEZ, CHRISTIAN 8478 NW 72 ST MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 an other like empowered. | | | | | |
| SIGNATURE: <i>Christian Martinez</i> CHRISTIAN MARTINEZ 04/9/2008 (305) 863-8494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |