

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000146293

Entity Name: AIRZONE USA CORPORATION**FILED**
Aug 30, 2007
Secretary of State**Current Principal Place of Business:**2023 NW 84 AVENUE
MIAMI, FL 33122 US**New Principal Place of Business:****Current Mailing Address:**2023 NW 84 AVENUE
MIAMI, FL 33122 US**New Mailing Address:**

FEI Number: 20-8339674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:TORRENTS, JORDI R ESQ.
2655 LE JEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**JURIS MAGISTER
1101 BRICKELL AVENUE
SUITE 801
MIAMI, FL 33131 US

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: JURIS MAGISTER

08/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D P () Delete
Name: MEDIATO, ANTONIO MR
Address: 2023 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122 USTitle: D VP () Delete
Name: MORAL, JULIO MR
Address: 2023 NW AVENUE
City-St-Zip: MIAMI, FL 33122 USTitle: D T () Delete
Name: ARIAS, XAVIER MR
Address: 2023 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122 USTitle: D S (X) Delete
Name: TORRENTS, JORDI MR
Address: 2655 LE JEUNE ROAD SUITE 804
City-St-Zip: CORAL GABLES, FL 33134 FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: XAVIER ARIAS

D

08/30/2007

Electronic Signature of Signing Officer or Director

Date