2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State **DOCUMENT # P07000018956** 03-19-2008 90016 015 ***158.75 1. Entity Name SEPTEN AIRWAYS, INC Mailing Address Principal Place of Business 40048662 6881 SW 5TH STREET 6881 SW 5TH STREET PEMBROKE PINES, FL 33023 PEMBROKE PINES, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROMEO, BULCHER Street Address (P.O. Box Number is Not Acceptable) 6881 SW 5TH STREET PEMBROKE PINES, FL 33023 68819W STREET 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Redistered Agent signature required when reinstation) ed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition ROMEO, BULCHER NAME NAME STREET ADDRESS 6881 SW 5TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33023 CITY - ST - ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change ROMEO, ROSE N NAME NAME STREET ADDRESS 6881 SW 5TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33023 CITY-ST-7/P Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 807. Florida Statutes; and that my name appears in Block 10 or Block 11 if attachment with an address, with all other like empowered Daytime Phone # 03-17

FILED Mar 19, 2008 8:00 am