## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000022290

Title:

Name:

Address:

City-St-Zip:

TSD

RUSSO, JOANNA

21004 RAMROCK CT

PORTER, TX 77365

( ) Delete

FILED May 25, 2009 Secretary of State

Entity Nan	ne: MERENG	GUE AIRLINES DOMINICANA,	INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2901 SW 149TH AVE - SUITE 300 MIRAMAR, FL 33027			SUITE 300	2901 SW 149TH AVE SUITE 300 MIRAMAR, FL 33027			
Current Mailing Address:			New Maili	New Mailing Address:			
20821 HIXO PORTER,	DN CREEK DI TX 77365	२					
FEI Number:	20-8694121	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
1840 SW 2 4TH FLOO MIAMI, FL	R 33145 US named entity of Florida.		ourpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATOR		nic Signature of Registered Age	ent		Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address:	RUSSO, JOHN 20821 HIXON O PORTER, TX 7	CREEK DR 17365 Delete , FEDERICO	Title: Name: Address: City-St-Zip: Title: Name: Address:	RUSSO, JOH 20821 HIXON PORTER, TX	I CREEK DR		
City-St-Zip:	PORTER, TX 7		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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R. RUSSO MR 05/25/2009

() Change () Addition