2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

U Scan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2008 8:00 am Secretary of State 05-02-2008 90167 028 ***150.00 **DOCUMENT # P07000070950** 1. Entity Name **AERORUTAS CORP** Principal Place of Business Mailing Address 10400 NW 33RD ST 10400 NW 33RD ST 270 270 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box \$4. 3. Mailing Address 2704 Scu Suite, Apt. #, etc. 04292008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 26 8 8 Not Applicable \$8.75 Additional 2154 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALENCIA, OSCAR F Street Address (P.O. Box Number is Not Acceptable) 10400 NW 33RD ST MIAMI, FL 33172 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. JITLE TITLE Change ☐ Addition Delete NAME VALENCIA, OSCAR F NAME 2704 SW 152PL 10400 NW 33RD ST SUITE 270 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 41'a41' - FL 33185 CITY-ST-7iP MIAMI, FL 33172 TITLE ☐ Delete TITLE SALAZAR, SONIA P NAME NAME 2704 SW 152 PL. STREET ADDRESS 10400 NW 33RD ST SUITE 270 STREET ADDRESS Miani - Fc 33181-CITY-ST-7P CITY-ST-7/P MIAMI, FL 33172 TITLE ☐ Addition . D.Delele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAM= STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. Valence

FILED