

04-28-2008 90379 049 ***150.00

DOCUMENT # P07000118351				STATE OF FLORIDA DEPARTMENT OF REVENUE	
1. Entity Name HELICOPTER SERVICES RESOURCES INC.				04-28-2008 90379 049 ***150.00	
Principal Place of Business 8249 NW 36 ST 209-A MIAMI, FL 33166 US		Mailing Address 8249 NW 36 ST 209-A MIAMI, FL 33166 US		4000000000	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03312008 Chg-P CR2E034 (12/06)	
		4. FEI Number 26-1325401		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 LEDESMA, MARIA E 6630 NW 114 AVE 1 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <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	PDT LEDESMA, MARIA E 6630 NW 114 AVE STE 1 MIAMI, FL 33178 <input type="checkbox"/> Delete NAME correction	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEDESMA, MARIA E. 6630 N.W. 114TH AVE. STE 1 MIAMI, FL, 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TALLAFERRO, JULIO C 6630 NW 114 AVE STE 1 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, without other like empowered.					
SIGNATURE X Maria Ledesma		Date 04.01.08 Daytime Phone #			