2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007320

Entity Name: AIRSTREAM JETS INCORPORATED

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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16082 RIO DEL SOL 300 S.E. MIZNER BLVD.

DELRAY BEACH, FL 33446 904

BOCA RATON, FL 33432 US

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

16082 RIO DEL SOL 300 S.E. MIZNER BLVD.

DELRAY BEACH, FL 33446 904 BOCA RATON, FL 33432

FEI Number: 26-1811168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAESTRALES, GUS
MAESTRALES, KAREN SEC
16082 RIO DEL SOL
3135 KINGSWOOD TERRACE

16082 RIO DEL SOL 3135 KINGSWOOD TERRACE DELRAY BEACH, FL 33446 US BOCA RATON, FL 33431 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: KAREN MAESTRALES 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

City-St-Zip:

D () Delete Title: D (X) Change () Addition MAESTRALES, CUS Name: MAESTRALES, PETER PRES 16082 RIO DEL SOL Address: 300 S.E. MIZNER BLVD. SUITE 904

Address: 16082 RIO DEL SOL Address: 300 S.E. MIZNER BLVD. SUIT
City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: BOCA RATON, FL 33432 US

() Delete Title: Title: (X) Change () Addition Name: MAESTRALES, PETER Name: MAESTRALES, FRANCESCA TREAS 16082 RIO DEL SOL 300 S.E. MIZNER BLVD. SUITE 904 Address: Address: DELRAY BEACH, FL 33446 BOCA RATON, FL 33432 US City-St-Zip: City-St-Zip:

Title: () Delete Title: D () Change (X) Addition
Name: Name: MAESTRALES, KAREN SEC
Address: Address: 3135 KINGSWOOD TERRACE

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.

City-St-Zip:

SIGNATURE: PETER MAESTRALES PRES 04/22/2009