2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P93000032479 1. Entity Name FLORIDA AIRLINE SALES INC. Principal Place of Business Mailing Address 13542 SW 179TH STREET 13542 SW 179TH STREET MIAMI, FL 33177 MIAMI, FL 33177 the the same of the 02202008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0402879 Not Applicable \$8.75 Additional or the contract of the second 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, FELIPE A DO NOT WRITE 13542 SW 179TH STREET MIAMI, FL 33177 IN THIS SPACE 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WILLIAMS, FELIPE A NAME .U000000859494 13542 SW 179TH STREET STREET ADDRESS 04/02/08-80025-008 150.00 CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachage with an address with all other like empowered.

SIGNATURE:

THIF NAME STREET ADDRESS CITY-ST-ZIP

TELIPE WILLIAMS