2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P93000048316

Entity Name: ARUBA AIRWAY, INC.

Current Principal Place of Business:

5525 N.W. 15TH AVE.
STE. 302
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5525 N.W. 15TH AVE.
STE. 302
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0464392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN
5525 NW 15 AVENUE
SUITE 302
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: WESTERBURGER, DERWIN
Address: 5525 NW 15 AVENUE, SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: DT ( ) Delete
Name: LIPMAN, RON
Address: 5525 NW 15 AVENUE, SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: DS ( ) Delete
Name: DOURVETAKIS, MINA
Address: 5525 NW 15 AVENUE, SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV ( ) Change (X) Addition
Name: SMELLIE, KENRICK
Address: 5525 NW 15 AVENUE, SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D ( ) Change (X) Addition
Name: BAKKER, ARIE
Address: 5525 NW 15 AVENUE, SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RON LIPMAN DT 04/22/2004

Electronic Signature of Signing Officer or Director — Date