


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91892 038 ***150.00

DOCUMENT # <i>P93000085415</i>	
1. Entity Name CARIBBEAN AIRWAYS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5412 Mendoza Street Suite, Apt. #, etc.		3. Mailing Address P. O. Box 17951 Suite, Apt. #, etc.	
City & State West Palm Beach, Florida		City & State West Palm Beach, Florida	
Zip 33415	Country U.S.A.	Zip 33416	Country U.S.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Clara Vasallo Street Address (P.O. Box Number is Not Acceptable) 5412 Mendoza Street City West Palm Beach FL Zip Code 33415		

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 *Clara Vasallo* *Clara Vasallo* *4/25/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1, May 1 Fee is: \$150.00 After May 1, Fee is: \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PT ORTA, Barbaro J. 5412 Mendoza Street West Palm Beach, Florida 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASALLO, Clara 5412 Mendoza Street West Palm Beach, Florida 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAAVEDRA, Francisca M. 5412 Mendoza Street West Palm Beach, Florida 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Clara Vasallo* *Clara Vasallo* *4/25/03* *(561) 386-4960*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)