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2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P94000086287 *** AIR WORLD TRAVEL SERVICES: ING ™ដាចាg Address Principal Place of Business 2895-A COLLINS AVE 2895-A COLLINS AVE MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0540346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent West Sund BECKER, MARIA DO NOT WRITE 20世代 40年1月 **3798 NE 167TH STREET** MIAMI, FL 33160 IN THIS SPACE 8. The above named entity submits this staten and 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, typed or printed name of registered agent and title if applicable. DATE (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, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BECKER, MARIA NAME 3798 NE 167TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33160 TITLE NAME U00000672092 03/28/07-80055-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 of 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, with the information contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or 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 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 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 of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the corporation of the corporation