


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 006 \*\*\*150.00

<b>DOCUMENT # P95000018679</b> 1. Entity Name <b>AIR PACKET SERVICES, INC.</b>	
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Principal Place of Business <b>1908 NW 79 AVE MIAMI, FL 33126</b>	Mailing Address <b>1908 NW 79 AVE MIAMI, FL 33126</b>
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03102007 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0564299</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>CUBIDES, ARIEL 14039 SW 14 ST MIAMI, FL 33184</b>
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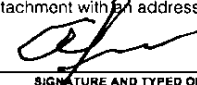
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUBIDES, JEANETTE 1908 NW 79 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUBIDES, ARIEL 1908 NW 79 AVE MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/20/07</b> Daytime Phone # <b>305-499-9378</b>