## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 10, 2008 08:00 AN Secretary of State DOCUME:NT # P95000018679 1. Entity Name AIR PACKET SERVICES, INC. Principal Place of Business Mailing Address 1908 NW 79 AVE 1908 NW 79 AVE MIAMI, FL 33126 MIAMI, FL 33126 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0564299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUBIDES, ARIEL DO NOT WRITE 14039 SW 14 ST MIAMI, FL 33184 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, 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. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CUBIDES, JEANETTE NAME 1908 NW 79 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 000000853680 . 03/26/08-80078-013 150.00 **CUBIDES, ARIEL** NAME 1908 NW 79 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 attachment with an address with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-7IP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**