


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90227 038 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000018630**

1. Entity Name  
**AEROGROUND INTERNATIONAL, INC.**



Principal Place of Business  
 1200 BRICKELL AVE  
 STE 900  
 MIAMI, FL 33131

Mailing Address  
 7200 N.W. 19TH STREET, SUITE 308  
 MIAMI, FL 33126

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
*1200 Brickell Ave*  
 Suite, Apt. #, etc.  
*900*  
 City & State  
*Miami FL*  
 Zip  
*33131* Country  
*USA*



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0853175** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AGI REGISTERED AGENTS INC**  
 1200 BRICKELL AVE  
 STE 900  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, JOAQUIN R 7200 NW 19 STREET STE 308 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Martinez, J. Ricardo</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NATES, CARLOS A 7200 NW 19 STREET STE 308 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_ DATE: *5/15/03* TIME: *305-416-6220*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)