

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000048649

**FILED**  
**Nov 15, 2006**  
**Secretary of State****Entity Name:** PRIME CARIBBEAN HOLDINGS, INC.**Current Principal Place of Business:**5525 NW 15 AVENUE  
SUITE 302  
FORT LAUDERDALE, FL 33309 US**New Principal Place of Business:****Current Mailing Address:**5525 NW 15 AVENUE  
SUITE 302  
FORT LAUDERDALE, FL 33309 US**New Mailing Address:****FEI Number:** 65-0933036      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARUBA AIRWAY, INC  
5525 NW 15 AVENUE  
SUITE 302  
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**CARIBBEAN INTERNATIONAL AIRWAYS, INC.  
5525 NW 15 AVENUE  
SUITE 302  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: CARIBBEAN INTERNATIONAL AIRWAYS, INC.

11/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DC      ( ) Delete  
**Name:** ROSSO, FRANK  
**Address:** 5525 NW 15 AVENUE, SUITE 302  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US**Title:** DP      ( ) Delete  
**Name:** BOLIVAR, JACOBO  
**Address:** 5525 NW 15 AVENUE, SUITE 302  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US**Title:** DTS      ( ) Delete  
**Name:** LIPMAN, RON  
**Address:** 5525 NW 15 AVENUE, SUITE 302  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON LIPMAN

CFO

11/15/2006

Electronic Signature of Signing Officer or Director

Date