\$150,00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI			1 FILED			
DOCUMENT # P98000092056			i			
Entity Name AIRLANE USA, INC.			07 APR 16 AM 9: 26			
		The state of the s		SECRET	ARY OF STATE ASSEE, FLORI DA	
·	ng Address D9 NW 75 AVENUE			MELMIN	729EELL COMIDA	
	MI, FL 33122					
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			01122007	No Chg-P	CR2E034 (11/05)	/
DO NOT WRITE IN	THIS SPA	CE	4. FEI Number		Applied Fo	Of .
			65-0872		Not Applic \$8.75 Additional	able
				of Status Desired	Fee Required	
Name and Address of Current Registered Agent				والمستعددة والمتعددة	يُنْ وَيُعْلِينُونَ عِنْ وَقُولُ وَالْمِينَانِينَ عِنْ وَالْمِينَانِينَ وَالْمِينَانِينَ وَالْمِينَانِ	
CLARAMONTE, ALBERT M 3009 NW 75 AVENUE			DO	NOT W	RITE	
MIAMI, FL 33122			*	HIS SF	and the second of the second o	ari.
					AOL	
The above named entity submits this statement for the pur	nose of changing its register	ed office or register	red enent, or both	in the State of Ek	ride Lam familiar with and and	ent.
the obligations of registered agent.	pose of changing its register	ed onice or register	ed agent, or both	i, in the state of the	inda. Tam familiai wan, and acc	,ept
SIGNATURE	onlinable (NOTE: Register	ed Agent signature required	(when reinstation)		DATE	
Signature, types or preness name or registerest agent and use in a	phoane. (NOTE: register)	en viðant siðhatnin ladokan	=	40009		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Bender to Fees	/23/0701	7950774 005009 **850.0)0
10. OFFICERS AND DIRECT	ORS			Roman Street		(6,3) 45,31
TITLE P NAME CLARAMONTE, ALBERT M						
STREET ADDRESS 3009 NW 75 AVENUE CITY-ST-ZIP MIAMI, FL 33122						200
TITLE TOTAL						
NAME STREET ADDRESS						141
CITY-ST-ZIP						
TITLE NAME						۲.
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CITY-ST-ZIP			e e e	7		
TITLE NAME			, IN I	THIS SF	ACE	ا افران
STREET ADDRESS CITY-ST-ZIP						\$ ₀ ,
TITLE						F 4
NAME STREET ADDRESS						2.72
CITY-ST-ZIP				a de la companya de l		
TITLE NAME						\$00.
STREET ADDRESS						
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing	a does not qualify for the ef	emptions contained	in Chapter 119	Florida Statutes 1	further certify that the information	: (35)
 I hereby certify that the information supplied with this filir indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered to 	d accurate and that my signal o execute this report as year	ture shall have the ired by Chapter 607	same legal effect 7. Florida Statutes	t as if made under s; and that my nam	oath; that I am an officer or direc e appears in Block 10 or Block 1	tor 11 if
changed, or on an attachment with an address, with all	ther like empowered.					
SIGNATURE: SIGNATURE AND NUMBER OR PRINTED THE	AME OF SIGNING OFFICER OR DIREC	TOR		4/3107 Date	305-372-969 Dayline Phone ii	<u>8</u> 2