

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 041 ***150.00

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1. Entity Name
 UPAIRWAYS, INC.




Principal Place of Business
 6930 PORTILLO
 MIAMI, FL 33146

Mailing Address
 6930 PORTILLO
 MIAMI, FL 33146

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)



4. FEI Number
 65-0940836

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

Applied For	
Not Applicable	

6. Name and Address of Current Registered Agent

FOX, JONATHAN
 6930 PORTILLO
 MIAMI, FL 33146

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST:
NAME	FOX, JONATHAN
STREET ADDRESS	6930 PORTILLO
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 **595-1300**
Date Daytime Phone #