

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094313

FILED
Mar 24, 2009
Secretary of State

Entity Name: AVAIRPROS MANAGEMENT, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DR
SUITE 401
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5551 RIDGEWOOD DR
SUITE 401
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3608123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROHM, PHILLIP A
5551 RIDGEWOOD DR
SUITE 401
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LUIS, SALOMON
Address: 5551 RIDGEWOOD DR. #401
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: BURCHETT, JAMES O
Address: 5551 RIDGEWOOD DR, #401
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: BARBER, SHARYN
Address: 5551 RIDGEWOOD DRIVE, # 401
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CASTO, GREGORY A
Address: 5551 RIDGEWOOD DRIVE, # 401
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: DEMKOVICH, PAUL B
Address: 5551 RIDGEWOOD DRIVE, # 401
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: CHIVINGTON, STEVEN P
Address: 5551 RIDGEWOOD DRIVE, #401
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify 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: SHARYN BARBER

SD

03/24/2009

Electronic Signature of Signing Officer or Director

Date