


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90083 017 \*\*\*150.00

<b>DOCUMENT # S14001</b> 1. Entity Name <b>AIR MARINE AGENCIES, INC.</b>					
Principal Place of Business <b>3611 NW SOUTH RIVER DR MIAMI, FL 33142</b>			Mailing Address <b>P.O. BOX 14-3131 CORAL GABLES, FL 33114 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>65-0233717</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAENZ, MICHAEL C 3611 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>SAENZ, CARLOS A</b> <b>3611 N.W. SOUTH RIVER DRIVE</b> <b>MIAMI, FL 33142</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/S/T</b> <b>Saenz, Carlos A.</b> <b>3611 NW South River Drive</b> <b>Miami, FL 33142</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>SAENZ, HUGH J</b> <b>3611 N.W. SOUTH RIVER DR</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Saenz, Hugh J.</b> <b>3611 NW South River Drive</b> <b>Miami, FL 33142</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SAENZ, C MICHAEL</b> <b>3611 N.W. SOUTH RIVER DR</b> <b>MIAMI, FL 33142</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Saenz, C. Michael</b> <b>3611 NW South River Drive</b> <b>Miami, FL 33142</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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.					
<b>SIGNATURE: <u>Carlos A. Saenz</u>    2/1/2007    (305)6338709</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					