2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 22, 2008 08:00 AM **DOCUMENT # S14001 Secretary of State** 1. Entity Name AIR MARINE AGÉNCIES, INC. Principal Place of Business Mailing Address P.O. BOX 14-3131 3611 NW SOUTH RIVER DR CORAL GABLES, FL 33114 MIAMI, FL 33142 US 01072008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 65-0233717 Not Applicable \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAENZ, MICHAEL C DO NOT WRITE 3611 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apont signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 DS/08/08-80023-008 150.00 10. OFFICERS AND DIRECTORS PST TITLE SAENZ, CARLOS A NAME 3611 NW SOUTH RIVER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE SAENZ, HUGH J NAME 3611 NW SOUTH RIVER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE SAENZ, C MICHAEL NAME 3611 NW SOUTH RIVER DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33142 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ALE OF SIGNING OFFICER OR DIRECTOR

Carlos A. Saenz 4/17/08 3056338709

Date

Davume Phone #