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AMEND

For DOT Use Only - PC No. C08 007 Waiver No. _____



U.S. Department of
Transportation
Office of the Secretary
of Transportation

**STATEMENT OF CHARTER OPERATOR AN DIRECT AIR CARRIER
FLIGHT SCHEDULE NUMBER C0802A3M**

INSTRUCTIONS: Submit this form in duplicate to U.S. Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

1a. Name (and DBA, if applicable) and Mailing Address of Charter Operator

C&T Charters Inc.
114 B Ponce de Leon Blvd.
Coral Gables, FL 33135

1b. Telephone Number (305) 445-6422
Fax Number (305) 445-2428

2a. Name (and DBA, if applicable) and Mailing Address of Direct Air Carrier

Gulfstream International Airlines, Inc.
1815 Griffin Road S. 400
Dania, FL 33004

2b. Telephone Number 954-266-3000
Fax Number 954-266-3030

3. Proposed date and routing of each flight: (use additional pages, if necessary)

MIA-CMW-MIA FEB 12, 2008 DEPARTS 08:00 FLT # 254

4. Type of aircraft and number of seats engaged:

EMB-120 30 PASSENGERS

5. Charter price of each flight: *
\$ CONFIDENTIAL

6. Tour itinerary (if any) including hotels (names and length of stay at each), and other accommodations and services:

*If confidentiality is desired, please state charter price in separate correspondence.

**This filing has been assigned number
PC C08007 and will be reviewed by
[Signature]
Any future correspondence concerning this
filing should be addressed to this person
and should refer to the PC number.**
**This filing was received by DOT on
2/6/08. Unless the charterer is
otherwise notified, advertising of the
program may begin on 2/7/08.**
**Special Authorities Division, X-57
Office of Aviation Analysis
Department of Transportation
Accepted by Waiver No.**

08 MAR -5 AM 8:23

We, C&T CHARTERS Inc.
(Charter Operator)

and GULFSTREAM INTERNATIONAL AIRLINES, INC.
(Direct Air Carrier)

certify that we have entered into a charter contract on 05-FEB-2008 that covers the
(Date)

Flight schedule described above. The contract complies with all applicable DOT regulations.

7. A copy of the flight schedule has been sent to (complete applicable blanks and write "N.A." in those not applicable):

CAPITOL INDEMNITY CORPORATION

(Charter Operator's Securer)

N/A

(Charter Operator's Depository Bank)

N/A

(Direct Carrier's Securer)

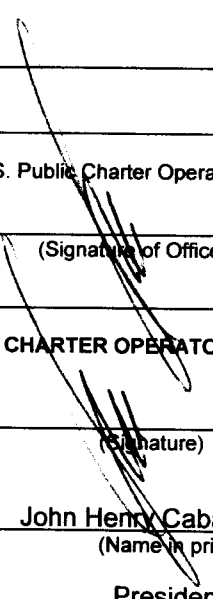
N/A

(Direct Carrier's Depository Bank)

N/A

06 MAR -5 AM 8:24

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:



(Signature of Officer)

John Henry Cabanas
(Name in print)

President
(Title)

9. **CHARTER OPERATOR**

DIRECT AIR CARRIER

BY: _____
(Signature)

BY: _____
(Signature)

John Henry Cabanas
(Name in print)

Thomas Cooper
(Name in print)

President
(Title)

CEO
(Title)

305-445-6422 / 305-445-2428
(Phone Number) / (Fax Number)

954-266-3000 / 954-266-3030
(Phone Number) / (Fax Number)

114 b PONCE DE LEON BLVD
(Street, Box Number)

1815 GRIFFIN RD S. 400
(Street, Box Number)

CORAL GABLES FL 33135
(City, State, Zip Code)

DANIA, FL 33004
(City, State, Zip Code)

05-FEB-2008
(Date)**

05-FEB-2008
(Date)**

**This is not acceptable if not dated