

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004996	
1. Entity Name AEROTHRUST CORPORATION	

Principal Place of Business 5300 N.W. 36TH STREET MIAMI, FL 33152	Mailing Address P.O. BOX 522236 MIAMI, FL 33152
---	---

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2338838	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO RISKO, JOHN "JACK" 10940 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPF HERNANDEZ, MARLENE 150 OCEAN LANE DR. #5F KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALHIL, FARYT 4102 LAUREL RIDGE CIR. WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS LEON, JOSE 13560 SW 111 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000283795
04/01/05-80041-011 158.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	3/29/05	305-526-7312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #