

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90024 039 ***150.00

DOCUMENT # F69025

1. Entity Name

JUPITER AIRLINE AUTOMATION SERVICES, INC.



Principal Place of Business

5456 MCCONNELL AVE
LOS ANGELES CA 90066

Mailing Address

5456 MCCONNELL AVE
LOS ANGELES CA 90066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2166764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME CZYZYK, JOSEPH A
STREET ADDRESS 5456 MCCONNELL AVE
CITY-ST-ZIP LOS ANGELES CA 90066

TITLE P ☒ Delete
NAME COLEMAN, MARK
STREET ADDRESS 5456 MCCONNELL AVE
CITY-ST-ZIP LOS ANGELES CA 90066

TITLE T ☐ Delete
NAME SCHLAX, ROB
STREET ADDRESS 5456 MCCONNELL AVE
CITY-ST-ZIP LOS ANGELES CA 90066

TITLE S ☐ Delete
NAME LOVETT, WAYNE J
STREET ADDRESS 5456 MCCONNELL AVENUE
CITY-ST-ZIP LOS ANGELES CA 90066

TITLE D ☐ Delete
NAME NASSIF, WILLIAM
STREET ADDRESS 5456 MCCONNELL AVE
CITY-ST-ZIP LOS ANGELES CA 90066

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 member 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 my address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne Lovett
Secretary
3-15-04 (30) 577-8769