


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000122584
1. Entity Name
PHOENIX AIRCRAFT LEASING, INC.



Principal Place of Business Mailing Address
7840 NW 67TH STREET **7840 NW 67TH STREET**
MIAMI, FL 33166 US **MIAMI, FL 33166 US**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1559904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOCKMAN, PETER ESQ.
550 BILTMORE WAY
SUITE 780
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000141280
04/30/04-80004-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRYAN, JAMES A JR 7840 NW 78TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYAN, JAMES A III 7840 NW 78TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRYAN, SCOTT W 7840 NW 78TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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 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: Scott Bryan **SCOTT BRYAN** 04.26.04 305-591-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #