

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069430

FILED  
May 01, 2009  
Secretary of State

Entity Name: QUALITY CORPORATE AIRCRAFT SERVICES INC.

**Current Principal Place of Business:**

1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 26-0649476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPONICK, EVELYN  
1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CHAPONICK, DORE  
Address: 1470 NW 107 AVENUE SUITE E  
City-St-Zip: MIAMI, FL 33172

Title: VTD ( ) Delete  
Name: SAMMY, RONALD  
Address: 1470 NW 107 AVNUE SUITE E  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORE CHAPONICK

P

05/01/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date