

2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2006-90021-001-\$550.00-\$550.00 *
9/13/2006-90021-002-\$150.00-\$150.00


FILED

06 SEP 25 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078116

1. Entity Name
ZOTTI GROUP AVIATION, INC.



Principal Place of Business 5675 NW 84TH AVE. MIAMI, FL 33166 US	Mailing Address 5675 NW 84TH AVE. MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0449915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOTTI, ROBERTO
5675 NW 84 AVE
MIAMI, FL 33165**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOTTI, ROBERTO 5675 N.W. 24 AVE MIAMI, FL 37166
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ Date: **Sept 6/06** Daytime Phone # _____