

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90028 045 ***150.00

DOCUMENT # P97000042037


1. Entity Name
FLIGHTSTAR AIRCRAFT SERVICES INC.



Principal Place of Business 14821 YONGE DR JACKSONVILLE, FL 32218	Mailing Address PO BOX 18035 JACKSONVILLE, FL 32229
-------------------------------------------------------------------------	-----------------------------------------------------------

24024200

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0755718	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

SHERMAN, THOMAS
218 ALMERIA AVE
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

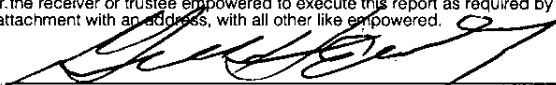
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, RAMON 345 BLAGDON CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERARDO, HERNANDEZ 7442 RIVER RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRIZ, JUAN 1519 SARRIA AVE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, SHERMAN 218 ALMERIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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:  **2-17-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #