

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042037

FILED
May 11, 2005
Secretary of State

Entity Name: FLIGHTSTAR AIRCRAFT SERVICES INC.

Current Principal Place of Business:

14821 YONGE DR
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 18035
JACKSONVILLE, FL 32229

New Mailing Address:

FEI Number: 65-0755718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS
218 ALMERIA AVE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RIVERA, RAMON
Address: 345 BLAGDON CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: GERARDO, HERNANDEZ
Address: 7442 RIVER RD.
City-St-Zip: CALLAHAN, FL 32011

Title: ST () Delete
Name: BRIZ, JUAN
Address: 1519 SARRIA AVE
City-St-Zip: MIAMI, FL 33146

Title: VP () Delete
Name: THOMAS, SHERMAN
Address: 218 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: JUAN BRIZ

ST

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date