2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000039358

1. Entity Name

AERO BUSINESS SERVICES INC.

Principal Place of Business	Mailing Address
720 SOUTH HOPKINS AVE. TITUSVILLE, FL 32780	PO BOX 120053 WEST MELBOURNE, FL 32912

DO NOT WRITE IN THIS SPACE

01182006	No Chg-P	CR2E034 (11/05)

4. FEI Number	Applied For
59-3711918	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANCUSO, GABRIEL J
4762 SPLIT RAIL PLACE
MELBOURNE, FL 32904

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	MANCUSO, GABRIEL J	
STREET ADDRESS	4762 SPLIT RAIL PL.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE		
NAME		
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CITY-ST-ZIP		

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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 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: _Gabriel J Mancuso_   05-10-06   321 385 0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #