


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 496425 1. Entity Name 94TH AERO SQUADRON OF MIAMI, INC. #60	
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Principal Place of Business 8191 E KAISER BLVD ANAHEIM, CA 92808	Mailing Address 8191 E KAISER BLVD ANAHEIM, CA 92808-2214
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3062764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U00000576447 09/07/06-80007-003 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TALLICHET, CECILIA 8191 E. KAISER BLVD. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALLICHET, JOHN 8191 E. KAISER BLVD ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROYSE, BOB D 8191 E. KAISER BLVD ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALLICHET, CECILIA 8191 E. KAISER BLVD ANAHEIM, CA 928082214
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 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: X <u>Bob Royse</u> <u>Bob Royse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/30/06 Date	714-279-6100 Daytime Phone #
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