2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000150101

1. Entity Name
CAPE AEROSPACE REPAIR SERVICES, INC.

Principal Place of Business	Mailing Address
2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909	2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3918017
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____ 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, 2008 Fee will be $550.00

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

U00000774943
01/08/08-80009-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABRAMS, MARC O
STREET ADDRESS	2634 NE 9TH AVE., SUITE 5
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	V
NAME	ABRAMS, MARC J
STREET ADDRESS	2634 NE 9TH AVE., SUITE 5
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	S
NAME	ABRAMS, TROY J
STREET ADDRESS	2634 NE 9TH AVE., SUITE 5
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	T
NAME	ABRAMS, CHARLENE A
STREET ADDRESS	2634 NE 9TH AVE., SUITE 5
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Marc O. Abrams 1-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #