

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000069430

**Entity Name:** QUALITY CORPORATE AIRCRAFT SERVICES INC.

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC6081197813**

**Current Principal Place of Business:**

1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172

**Current Mailing Address:**

1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172

**FEI Number: 26-0649476**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHAPONICK, EVELYN  
1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172 US

*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

**Officer/Director Detail :**

Title V  
Name CHAPONICK, DORE  
Address 1470 NW 107 AVENUE  
City-State-Zip: MIAMI FL 33172

Title P  
Name SAMMY, CHARMAINE T  
Address 1470 NW 107 AVENUE  
City-State-Zip: MIAMI FL 33172

Title S  
Name CHAPONICK, EVELYN  
Address 1470 NW 107 AVENUE  
City-State-Zip: MIAMI FL 33172

Title TD  
Name SAMMY, RONALD  
Address 1470 NW 107 AVENUE  
City-State-Zip: MIAMI FL 33172

*I hereby 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 all other like empowered.*

**SIGNATURE: EVELYN CHAPONICK**

**D**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date