


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 313784**  
 1. Entity Name  
**R S AVIATION INC**



Principal Place of Business  
**7901 WEST 25TH COURT**  
**HIALEAH, FL 33016-2727**

Mailing Address  
**7901 WEST 25TH COURT**  
**HIALEAH, FL 33016-2727**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1159916** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHULTZ, RAYMOND R.**  
**3100 SW 117TH AVE**  
**DAVIE, FL 33330**

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

U00000188809  
 01/24/05-80070-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHULTZ, RAYMOND R 3100 SW 117TH AVE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATTISTA, FRANK J. 7706 SW 74TH LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTZ, RICHARD A 19810 NW 7TH ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 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: *Raymond R. Schultz* **18 JAN-05 305 825-4667**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #