


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 030 ***150.00

DOCUMENT # 361419 1. Entity Name AERODYNE INVESTMENT CASTINGS, INC.					
Principal Place of Business 3930 NW 26 ST MIAMI, FL 33142			Mailing Address 3930 NW 26 ST MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box # 19301 SW 106th Avenue		3. Mailing Address 19301 SW 106th Avenue			
Suite, Apt. #, etc. Suite 15		Suite, Apt. #, etc. Suite 15			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33157	Country USA	Zip 33157	Country USA	4. FEI Number 59-1292733	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JANNEY, DAVID F 930 SAN PEDRO CORAL GABLES, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANNEY, DAVID J 930 SAN PEDRO MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANNEY, FREDA E 930 SAN PEDRO CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CRONIN, MEDARD 2911 W. LOMITA BLVD. TORRANCE, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 full and like empowered.					
SIGNATURE: <i>David F. Janney</i> DAVID F. JANNEY		Date: 1-18-08 Daytime Phone: 305-969-5205			