

# 05 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # 509920**

1. Entity Name  
HOP-A-JET, INC.



Principal Place of Business

5535 NW 15TH AVENUE  
HANGAR 68  
FT LAUDERDALE, FL 33304 US

Mailing Address

P.O. BOX 257  
TOWN CENTRE, PROVIDENCIALES  
TURKS AND CAICOS ISLANDS, XX



04172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1684783

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, BRUCE D P.A.  
1313 SOUTH ANDREWS AVENUE  
FT LAUDERDALE, FL 33316

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

1100000330618  
04/25/05-80166-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TSE, JACK
STREET ADDRESS	2085 HURONTARIO ST, SUITE 200
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CAN., L5a4g1
TITLE	PST
NAME	CAROE, LAURENCE C
STREET ADDRESS	P.O. BOX 25, TOWN CENTRE
CITY-ST-ZIP	PROVIDENCIALES, TURKS & CAIC,
TITLE	D
NAME	YUEN, CLINTON
STREET ADDRESS	2085 HURONTARIO ST, STE 200
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA,
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Laurence C. Caroe* (LAURENCE C. CAROE) April 18/05 (649) 941-4500