

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 FEB -9 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004676

1. Entity Name  
MIRABELLA AVIATION, INC.



Principal Place of Business  
1616 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480

Mailing Address  
1616 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0498277

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

YOUNG, CRAIG A  
3170 AIRMAN'S DRIVE  
FORT PIERCE, FL 34946

**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 Luciana Vittoria  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PC  
VITTORIA, JOSEPH  
1616 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VVC  
VITTORIA, LUCIANA  
1616 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100028662091  
02/12/04--01038--014 \*\*150.00

**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: Luciana Vittoria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 561-6590860  
Date Daytime Phone #