

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000000533 1. Entity Name INTERNATIONAL AVIATION SERVICES 1 INC.	
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Principal Place of Business 2614 NORTH SUGAR BUSH RD NEW FRANKEN, WI 54229	Mailing Address 2614 NORTH SUGAR BUSH RD NEW FRANKEN, WI 54229
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1999150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AMATO, LOUIS X 801 LAUREL OAK DRIVE, STE 615 NAPLES, FL 34108
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MASSON, JUAN 15450 SW 232 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, JAMES M PO BOX 112, 2614 SUGAR BUSH RD NEW FRANKEN, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DALE A PO BOX 112, 2614 SUGAR BUSH RD NEW FRANKEN, WI
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U000000131621  
04/27/04-80013-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X Dale A. Roberts April 14, 2004 920 866 9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #