


# **- 2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # F01000004996</b> 1. Entity Name <b>AEROTHRUST CORPORATION</b>	
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Principal Place of Business <b>5300 N.W. 36TH STREET MIAMI, FL 33152</b>	Mailing Address <b>P.O. BOX 522236 MIAMI, FL 33152</b>
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## DO NOT WRITE IN THIS SPACE

**FILED**  
**06 MAY 31 AM 10:26**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



05112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-2338838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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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 _____	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO <b>RISKO, JOHN "JACK"</b> <b>10940 WILSHIRE BLVD., SUITE 1600</b> <b>LOS ANGELES, CA 90024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF <b>HERNANDEZ, MARLENE</b> <b>150 OCEAN LANE DR. #5F</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KALHIL, FARYT</b> <b>4102 LAUREL RIDGE CIR.</b> <b>WESTON, FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS <b>LEON, JOSE</b> <b>13560 SW 111 AVE.</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**900076244649**  
**06/15/06--01035--022 \*\*558.75**  
  
**U000035591**  
**05/23/06 00004-009 550.00**

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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 supplement thereto 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 all other like empowered.

<b>SIGNATURE:</b> 	<b>FARYT KALKIL</b>	<b>5/17/06</b>	<b>305-871-1790</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small>	<small>Daytime Phone #</small>