2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000002877

1. Entity Name

TOP AVIATION SERVICES, INC.



Principal Place of Business

1792 BELL TOWER LANE

STE 210

NAME STREET ADDRESS CITY-ST-ZIP

WESTON, FL 33326

Mailing Address

1792 BELL TOWER LANE

SUITE 210

WESTON, FL 33326





01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0436601

Applied For Not Applical

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORNELL, G. WARE JR. C/O CORNELL & ASOCIATES 1792 BELL TOWER LANE, SUITE 210 WESTON, FL 33326

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 accente obligations of registered agent.				
			Agent signature required when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DC KUENZL, ADOLF A-1238 VIENNA ENDRESSTRASSEE 125/EG AUGUS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CORNELL, G. WARE JR. 1792 BELL TOWER LANE STE 210 WESTON, FL 33326		03,	U00000844705 /13/08-80010-010 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUENZŁ, ADOLF C/O AIRFIELD KOTTINGBRUAN, SUI A-2540 BAD VOESLOV, AUSTRIA,	TE 524	D(O NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			18 4	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	and the state of t	

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 directed 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 changed, or on an attachment with an address, with all other like empowered.