

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002877

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: TOP AVIATION SERVICES, INC.

## Current Principal Place of Business:

1792 BELL TOWER LANE  
STE 210  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1792 BELL TOWER LANE  
SUITE 210  
WESTON, FL 33326

## New Mailing Address:

1792 BELL TOWER LANE  
STE 210  
WESTON, FL 33326

FEI Number: 65-0436601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: KUENZL, ADOLF  
Address: A-1238 VIENNA  
City-St-Zip: ENDRESSTRASSE 125/EG AUGUST,

Title: PST ( ) Delete  
Name: CORNELL, G. WARE JR.  
Address: 1792 BELL TOWER LANE STE 210  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: KUENZL, ADOLF  
Address: C/O AIRFIELD KOTTINGBRUAN, SUITE 524  
City-St-Zip: A-2540 BAD VOESLOV, AUSTRIA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: KUENZL, ADOLF  
Address: WALDMUEHLG. 29A/4,A-2380  
City-St-Zip: PERCHTOLDSDORF, NA AUSTRIA NA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KUENZL, ADOLF  
Address: C/O AIRFIELD KOTTINGBRUAN, SUITE 524  
City-St-Zip: A-2540 BAD VOESLOV, NA AUSTRIA NA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G WARE CORNELL, JR

PST

06/24/2009

Electronic Signature of Signing Officer or Director

Date