

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90075 050 ***150.00

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1. Entity Name

GAB ROBINS AVIATION LIMITED CO.



Principal Place of Business

4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319

Mailing Address

4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

52-2102256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JOE R
4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MR ☒ Delete
NAME MCHEEMAN, HERBERT M
STREET ADDRESS 1054 FAIRFAX LANE
CITY-ST-ZIP WESTON FL 33326

TITLE MR ☒ Delete
NAME BES, PHILIPPE
STREET ADDRESS FLAT 8, MARGARETHA HOUSE, DRAYCOTTE PL.
CITY-ST-ZIP LONDON, S2325B U.K.

TITLE MR ☐ Delete
NAME LEMANSKI, LUCIEN
STREET ADDRESS 6 DOVEHOUSE GREEN, ROSSLYN PK., WEYBRIDGE
CITY-ST-ZIP SURREY KT139NE, UK

TITLE MR ☒ Delete
NAME BURGE, ROBERT J
STREET ADDRESS SIMLA, CHILTERN HILL CHALFONT ST PETER
CITY-ST-ZIP GERRARDS CROSS BUCKS SLQ9TX

TITLE MR ☒ Delete
NAME HARDY, PETER
STREET ADDRESS 32 SHOREHAM LANE
CITY-ST-ZIP SEVENOAKS KENT, U.K. tn- 3dt

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MR ☐ Change ☒ Addition
NAME CASTAGNO, JOHN
STREET ADDRESS 49 PROSPECT ROAD, NEW BARNET, HERTS
CITY-ST-ZIP ENS 5AD, UK

TITLE MR ☐ Change ☒ Addition
NAME DE LA MORINERIE, PATRICK
STREET ADDRESS 3 RUE VERDI, PARIS
CITY-ST-ZIP FRANCE 75016

TITLE MR ☒ Change ☐ Addition
NAME BES, PHILIPPE
STREET ADDRESS 23 ARGYLL ROAD
CITY-ST-ZIP London, W8 7DA, UK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15/4/04 (44) 207-200-3098