


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # G29543
 1. Entity Name
 VLF AVIATION, INCORPORATED



Principal Place of Business Mailing Address
 3814 CURTISS PKWY P.O. BOX 520782
 VIRGINIA GARDENS, FL 33166 US MIAMI, FL 33152-0782 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2280358 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 ANANIA, FRANCIS A
 100 S.E. 2ND STREET
 SUITE 4300
 MIAMI, FL 33131-2144

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	LA FORGIA, VITO M
STREET ADDRESS	3814 CURTISS PKWY
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	AS
NAME	LA FORGIA, LUCREZIA
STREET ADDRESS	3814 CURTISS PKWY
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	AST
NAME	LA FORGIA, ANTHONY
STREET ADDRESS	3814 CURTISS PKWY
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/08/05-80041-016 150.00

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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 # _____