


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

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2280358	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 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 remaining)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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

U00000256039
03/08/05-80041-016 150.00

DO NOT WRITE IN THIS SPACE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
--	------------	-----------------------