

ANNUAL REPORT (AR)

DOCUMENT # G30061

1. Entity Name

PEMBROKE AIRMOTIVE, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State



Principal Place of Business
5985 S.W. 44TH COURT
DAVIE FL 33314

Mailing Address
5985 S.W. 44TH COURT
DAVIE FL 33314

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2753369

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOVELL, WILLIAM
17321 SW 48TH STREET
FT. LAUDERDALE FL 33331

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVELL, WILLIAM	
STREET ADDRESS	17321 SW 48TH ST	
CITY- ST- ZIP	FT. LAUDERDALE FL 33331	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOVELL, SANDRA	
STREET ADDRESS	17321 SW 48TH STREET	
CITY- ST- ZIP	FT. LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

U00000628294
02/16/07-80008-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Sandra Lovell* *William Lovell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 9545475920-
Date Daytime Phone #