## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2004 08:00 AM **Secretary of State DOCUMENT # H13284** 1. Entity Name PERSONAL JET CENTER, INC. Principal Place of Business Mailing Address 5401 E PERIMETER RD **5401 E PERIMETER RD** FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2529672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIMMER, CORWIN J. DO NOT WRITE 5401 N.W. 15TH AVENUE FORT LAUDERDALE, FL 33309 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. Signature, typed or printed name of registered agent and bite if applicable, (NOTE, Registered Agent signature required when reinstating) DATE U00000116921 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 04/16/04-80084-014 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZIMMER, CORWIN J. NAME STREET ADDRESS 5401 NW 15 AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL VP TITLE ZIMMER, KIP MANE STREET ADDRESS 5401 E PERIMETER RD FT. LAUDERDALE, FL 33309 CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP me STREET ADDRESS CITY-ST-ZIP TITLE

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

K TOWATURE THE THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04

154-771-6040

FILED

Daytime