

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07702

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: AERO SERVICES AND SUPPLY CORPORATION

**Current Principal Place of Business:**

3470 ROYAL TERN LANE  
BOYNTON BCH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

3470 ROYAL TERN LANE  
BOYNTON BCH, FL 33436

**New Mailing Address:**

FEI Number: 65-0022042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSZAREK, PETER  
3470 ROYAL TERN LN  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOSZAREK, PETER  
Address: 3470 ROYAL TERN LN  
City-St-Zip: BOYNTON BCH, FL 33436

Title: D ( ) Delete  
Name: KOSZAREK, PHILIP  
Address: 3470 ROYAL TERN LN  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: KOSZAREK, RICHARD  
Address: GRAND HI GRAM ROAD  
City-St-Zip: JUHU BCH BOMB.INDIA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KOSZAREK

PD

07/07/2008

Electronic Signature of Signing Officer or Director

Date