

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # K36561

1. Entity Name
GULFSTREAM INTERNATIONAL AIRLINES, INC.



Principal Place of Business

**3201 GRIFFIN ROAD
4TH FLOOR
DANIA, FL 33312 US**

Mailing Address

**3201 GRIFFIN ROAD
4TH FLOOR
DANIA, FL 33312 US**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0081720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, THOMAS P
3201 GRIFFIN ROAD
4TH FLOOR
DANIA, FL 33312**

5710-010-69
POSTED
4-02-08

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000949347
06/03/08-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	COOPER, THOMAS L
STREET ADDRESS	15790 LINDBERGH LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	S
NAME	COOPER, THOMAS P
STREET ADDRESS	2458 SE 11TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	PD
NAME	HACKETT, DAVID
STREET ADDRESS	3201 GRIFFIN ROAD, 4TH FLOOR
CITY-ST-ZIP	DANIA, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/30/08

Date

(954) 985-1520

Daytime Phone #

X244