

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 009 ***158.75

DOCUMENT # K37728

1. Entity Name
BEECHCRAFT CARIBBEAN, INC.



Principal Place of Business
**17665 HOLLYBROOK WAY
BOCA RATON, FL 33487**

Mailing Address
**17665 HOLLYBROOK WAY
BOCA RATON, FL 33487**

50064442



07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0125270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALLE, FEDERICO E.
17666 BRIAR PATCH TRAIL
BOCA RATON, FL 33487**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PALLE, FEDERICO E.
17665 HOLLY BROOK WAY
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SHERMAN DE PALLE, MARIA
17665 HOLLY BROOK WAY
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/05 (561)997-9423

Attachment
50064442

August 28, 2005

FLORIDA DEPARTMENT OF STATE

Ms. Glenda E. Hood

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Document No. K37728

Ref: Letter 205A00047533

Dear Ms. Hood:

With reference to your letter above mentioned, we wish to confirm to you that the Annual Report Notice corresponding to our inactive corporation Beechcraft Caribbean, Inc., was never received by us. Due to this reason, we ask that you please waive the late fee of \$400.00.

Please find attached the 2005 Annual Report that you sent us duly filled as well as our check No. 3225 in the amount of \$158.75 which includes the Certificate of Status.

We thank you in advance for your kind cooperation and comprehension.

Cordially,


Federico E. Palle