2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90060 049 ***150.00

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1. Entity Name
AEROSERVICE, INC.

94037301

Principal Place of Business	Mailing Address
3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166 US	P.O. BOX 520782 MIAMI, FL 33152 US

03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0094229
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANANIA, FRANCIS A
100 S.E. 2ND STREET
SUITE 4300
MIAMI, FL 33131-2144

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	LA FORGIA, VITO M
STREET ADDRESS	5002 NW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	AS
NAME	LAFORGIA, LUCREZIA
STREET ADDRESS	5002 NW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	AST
NAME	LA FORGIA, ANTHONY
STREET ADDRESS	5002 NW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33152
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: Mike Hornstein 3/18/04 MIKE HORNSTEIN (305) 871-4329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #