## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51603

City-St-Zip: DORAL, FL 33166

Entity Name: FLORIDA AIRCRAFT SYSTEMS INC

FILED Mar 10, 2009 Secretary of State

Ellilly Na	Me: FLORIDA	AIRCRAFT STSTEWS, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
7715 N.W DORAL, F	. 56TH STREE L 33166	Т			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
7715 N.W. 56TH STREET DORAL, FL 33166 US			7715 N.W. 56TH STRE DORAL, FL 33166	7715 N.W. 56TH STREET DORAL, FL 33166	
FEI Number	: 65-0096261	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DORAL, F	56TH STREET L 33166 U	5			
	e named entity: e of Florida.	submits this statement for the j	purpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( REYES, PATRI 7715 NW 56TH DORAL, FL 33	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VP ( ) REYES, LUIS A		Title: Name: Address:	()Change ()Addition	

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: PATRICIO REYES P 03/10/2009