

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90432 032 ***150.00

DOCUMENT # K75989 1. Entity Name AIRCRAFT SELLING & LEASING CORP.																																																																																									
Principal Place of Business 5755 W FLAGLER ST., #209 MIAMI, FL 33144			Mailing Address 5755 W FLAGLER ST., #209 MIAMI, FL 33144																																																																																						
2. Principal Place of Business 187 LAKE VIEW DR.		3. Mailing Address 187 LAKEVIEW DR.																																																																																							
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101																																																																																							
City & State Weston, FL		City & State Weston, FL		4. FEI Number 65-0108032																																																																																					
Zip 33326		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent MARTI, JORGE 12257 SW 132ND CT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name OSCAR REVOREDO Street Address (P.O. Box Number is Not Acceptable) 187 LAKEVIEW DRIVE #101 City WESTON FL 33326																																																																																						
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. m																																																																																									
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____																																																																																									
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																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DP MARTI, JORGE 12257 SW 132ND CT MIAMI, FL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DVP - DT GARCIA, REYNA 2340 S.W. 138TH PLACE MIAMI, FL</td> <td style="text-align: right;">☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DT DE ZELAYA, MARIA 9921 W CALUSSA CLUB DR MIAMI, FL</td> <td style="text-align: right;">☒ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>S REVOREDO, OSCAR 187 LAKEVIEW DR #101 FT. LAUDERDALE, FL</td> <td style="text-align: right;">☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	DP MARTI, JORGE 12257 SW 132ND CT MIAMI, FL		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS	DVP - DT GARCIA, REYNA 2340 S.W. 138TH PLACE MIAMI, FL	☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS	DT DE ZELAYA, MARIA 9921 W CALUSSA CLUB DR MIAMI, FL	☒ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS	S REVOREDO, OSCAR 187 LAKEVIEW DR #101 FT. LAUDERDALE, FL	☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____ 4-22-04 954-389-8521			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																						

94064469



04202004 Chg-P CR2E034 (10/03)