2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCLIMENT # K85644

1. Entity Name

BOCA AIR CHARTERS, INC.

rincipal Plac	e of Business	i	Mailing Address								
700 AIRPO		_	1900 GLADES ROAD)		į					
SOCA RATON FL 33431 JS			SUITE 245 BOCA RATON FL 33431								
			US								
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State			City & State			4. F	4. FEI Number 65-0133517 Applied For Not Applicable				
Zip Country			Zip Country		ry	5. Certificate of Status Desired Search Search Search Status Desired Fee Required					
•	6. Name	and Address of Current	Registered Agent	<u> </u>	•	7. N	lame and Address of New	Registered A	gent		
<u></u> _					Name_	Ye	يايا د السخسان				
190	O GLADES	ICHARD H S ROAD	S		Street Address (P.O. Box Number is Not Acceptable)						
	TE 245 CA RATO!	N FL 33432									
					City			FL	Zip Cod	е	
: The above	named entity	submits this statement fo	r the purpose of changing it	ts registere	d office or regis	stered age	ent, or both, in the State of F	Torida. I am fa	amiliar with,	and accept	
thể oblinat	tions of registe	ered agent.									
uic obligat											
IGNATURE		or printed name of registered agont a	and title if applicable. (NO	DTE: Registered	Agent signature requ	uired when rei	instating)	DATE			
IGNATURE F Afte	Signature, typed in ILE NOW!!	! FEE IS \$150.00 4 Fee will be \$550.00		OTE: Registered	Agent signature requ	uired when rei	instating) 9. Election Campaign F Trust Fund Contribut	Financing		00 May Be	
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SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPELOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Faren Chief Financial Officer

NAME

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 abaddress with all other like empowered.

STREET ADDRESS

04/15/04 561-416-0142

FILED

Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90292 014 ***150.00