## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## **FILED** Mar 16, 2005 8:00 am Secretary of State

Principal Piece of Business	DOCUMENT # L20369  1. Entity Name CL AIRCRAFT XXV, INC.						03-16-2005 90041 012 ***158.75				
2665 S. BAYSHORE DR   2665 S. BAYSHORE DR   SUITE 1006   COCONUT GROVE, FL 33133   SUITE 1006   COCONUT SUITE 1006   COUNTY   Zip	Principal Place of Business Mailing Address					7					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & State   City & State   4. FEI Number   65-0149463   Not Applied For   65-0149463   Not Applied For   65-0149463   Not Applied For   65-0149463   Not Applied For   Not A	2665 S. BAY SUITE 1006	SHORE DR	2665 S. BAYSHORE DR SUITE 1006			1 187/18/1 818	ANTIE O ON OUT ANGEL BU	HIN INII NINII NENII NI		PRO 11 1801	
City & State	2. Principal P	lace of Business	3. Mailing Address								
Country   Zip   Country   Zip   Country   St. Certification of Satura Desired   St. 75 Additional Fee Required Agent   Fee Required A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03142005	Chg-P	CR2EC	34 (10/03)		
S. Cellinical States of Name and Address of New Registered Agent   S. Cellinical States of New Registered Agent   Street Address of New Registered Agent   Str	City & State		City & State						—— <del>—</del> —	·	
Name	·			Coun	try				Fee Required	d	
LIPPMAN, WAYNE D 2666 S. BAYSHORE DR SUITE 1006 COCONUT GROVE, FL 33133  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the St		4-6Name and Address of Current		7. Name and	Address of N	ew Registered	Agent				
SUTE 1006 COCONUT GROVE, FL 33133  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    Synauk. (speal or present name of incovered agent and the 4 approaches   (#OTE Registered Agent entitle of Provide Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Synauk. (speal or present name of incovered agent and the 4 approaches   (#OTE Registered Agent entitle of Provide Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature of Policy   State of Polic											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, foreign or printed or printed agent and to a facohable.  PILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11  ITIE  OPT  CAUFF, STUART L  STRET ADDRESS  CITY-S1-2P  MAMM, FL 33156  DEIDE  MAMM, FL 33156  TITLE  OVS  LIPPMAN, WAYNE D  STRET ADDRESS  CITY-S1-2P  TITLE  ORAL GABLES, FL 33156  TITLE  ORAL GABLES  ORAL GABLES	SUITE 1006							<del> </del>			
SIGNATURE									•		
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After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DPT CAUFF, STUART L STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156   Delete CITY-ST-ZIP MIAMI, FL 33156   Delete MAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33156   Delete MAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33156   Delete MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP   Delete ADDRESS CITY-ST-ZIP   DEL	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	1 Agent signature requ	uired when reinstating)		DATE			
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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				AITS!	CT 7ID						

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 of 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:

3/14/05 (305) 858-7707