2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # L44978 **Secretary of State** 1. Entity Name GEIDEL AIRCRAFT SERVICES, INC. Principal Place of Business Mailing Address 1600 NW NO RIVER DR #100 MIAMI FL 33125 1000 N.W. NORTH RIVER DR., UNIT 106 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0176994 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ____ FLOWERS, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 1600 NW NO RIVER DR SUITE 100 MIAMI FL 33125 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete DILE TITLE ☐ Change Addition Addition GEIDEL, REINHARD OSKAR NAME NAME *U00000245285* ISIDOR CARO STREET 6 STREET ADDRESS STREET ADDRESS 02/28/05-80021-0**05** 150.00 CITY ST-ZIP KEOLN 80, WEST GERM. CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete IIIIF TITLE FLOWERS, CHARLES J. NAM NAME STREET ADDRESS 1000 N.W. NORTH RIVER DR., UNIT 106 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33136 CHY-ST-ZP ☐ Delete THE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete THEF П Спапое ☐ Addition A:AAA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THE ☐ Delete TOPE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-51-71P ☐ Delete itter ☐ Change ☐ Addition IIItE NAME HAME STREET ADDRESS STREET ADDRESS

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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)(f), 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.

CITY-ST-ZIP

CUY-ST-ZIP

SIGNATURE: J Charles J. Flowers 2/25/25 (30) 326-1718