

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 020 ***150.00

DOCUMENT # L72399

1. Entity Name
TROPICAL AVIATION SERVICES, INC.



Principal Place of Business
**17400 SW 48TH ST
FT. LAUDERDALE, FL 33331-1106
S.W. RANCHES**

Mailing Address
**17400 SW 48TH ST
FT. LAUDERDALE, FL 33331-1106
S.W. RANCHES**



05052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0196123

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADILI, RONNIE ESQ
8801 PARADISE DR
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADILI, MIRMOHAMMAD
STREET ADDRESS 17400 SW 48TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33331

TITLE VPD
NAME ADILI, MIRMASOOD
STREET ADDRESS 17400 S W 48TH ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33331

TITLE STD
NAME ADILI, MIRYAHYA
STREET ADDRESS 17400 S W 48TH ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MirMohammad Adili
MIRMOHAMMAD ADILI

5/5/07
5/5/07