

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72399

FILED
Apr 30, 2008
Secretary of State

Entity Name: TROPICAL AVIATION SERVICES, INC.

Current Principal Place of Business:

17400 SW 48TH ST.
FT. LAUDERDALE, FL 333311106

New Principal Place of Business:

17400 SW 48TH ST.
SOUTHWEST RANCHES, FL 333311106

Current Mailing Address:

17400 SW 48TH ST.
FT. LAUDERDALE, FL 333311106

New Mailing Address:

17400 SW 48TH ST.
SOUTHWEST RANCHES, FL 333311106

FEI Number: 65-0196123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADILI, MIRMOHAMMAD
Address: 17400 SW 48TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: VPD () Delete
Name: ADILI, MIRMASOOD
Address: 17400 S W 48TH ST
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: STD () Delete
Name: ADILI, MIRYAHYA
Address: 17400 S W 48TH ST
City-St-Zip: FT. LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRMOHAMMAD ADILI

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date