

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 019 ***150.00

DOCUMENT # L79358

1. Entity Name

AERO STYLE TRANSPORTATION INC.



Principal Place of Business

120 CREEKSIDEWAY
ORLANDO FL 32824

Mailing Address

120 CREEKSIDEWAY
ORLANDO FL 32824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3016421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEPULVEDA, JOSE VICENTE
5401 KIRKMAN RD STE 505
ORLANDO FL 32815

Name **SEPULVEDA, JOSE VICENTE VICENTE**

Street Address (P.O. Box Number is Not Acceptable)
120 CREEKSIDE WAY

City **ORLANDO**

FL

Zip Code **32824**

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

Jose V. Sepulveda

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEPULVEDA, JOSE VICENTE**
CITY-ST-ZIP **5401 KIRKMAN RD STE 505**
ORLANDO FL 32815

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **SEPULVEDA, JOSE VICENTE VICENTE**
CITY-ST-ZIP **120 CREEKSIDE WAY**
ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Jose V. Sepulveda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-05-06

Date:

Daytime Phone #