## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 05, 2005 08:00 AM

Daytime Phone #

DOCUMENT # L93080				<b>Secretary of State</b>		
Entity Name     AERO TECH INDUSTRIES INC.						
Principal Place of Business Mailing Address  1600 EAST AIRPORT ROAD 800 THIRD AVENUE HOLLYWOOD, FL 33023 28TH FLOOR NEW YORK, NY 10022				E INDONERIA DIAK INIADA INIA BUNGA FONIA BARIA DIRKA DIR		
DO NOT WRITE IN THIS SPACE			CE	65-0358193 Not Applicable		
<del></del>	6. Name and Address of Current Regis			5. Certificate	of Status Desired S8.75 Additional Fee Required	
BUTLER, JAMES L., SR. 1600 EAST AIRPÖRT ROAD HOLLYWOOD, FL 33023			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 little if applicable (NOYE Registered Agent signature required when reinstating)  DATE						
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.				00 May Be ed to Fees		
TITLE	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	BUTLER, JAMES L SR 1600 EAST AIRPORT RD HOLLYWOOD, FL 33023	40			Hooooooooo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WHITBY, PAUL G 800 THIRD AVE 28TH FLOOR NEW YORK, NY 10022				000000361963 05/05/05-80098-001 150.00	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	T BEATTLE, WILLIAM C 800 THIRD AVE 28TH FLOOR NEW YORK, NY 10022	-		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon			=======================================	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.						

SUP

whith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: