2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M99336 1. Entity Name ALLIGATOR AIR TRANSPORT CO.					Secretary of St		
Principal Place 1724 S.W. 36 FT. LAUDERD		Mailing Address 1724 S.W. 30TH PLACE FT. LAUDERDALE, FL 33315	· · · · · · · · · · · · · · · · · · ·	1 128/06	H NA TAWA MANA MANA MANA MA	: SOON DIEN DIEN EREN DIEN DIEN DIE DIE IN 1866	
DO NOT WRITE IN THIS SPA			CE,	0103200	7 No Chg-P	CR2E034 (11/05) Applied For Not Applicable	
					ate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REICH, DAVID W. 1724 S.W. 30TH PLACE FT. LAUDERDALE, FL 33315			DO NOT WRITE IN THIS SPACE				
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 provided name of registered agent and title if applicable. (NOTE: Registered Agent angulature required when rematating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE	DP						
NAME	REICH, DAVID W.						
STREET ADDRESS CITY-ST-ZIP	1724 S.W. 30TH PLACE						
	FT. LAUDERDALE, FL 33315		-			000577680 07:000246035 (SJJ)	
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STREET ADORESS							
CITY-ST-ZIP							
TITLE					1.0		
NAME STREET ADDRESS							
CITY-ST-ZIP				P DC) NOT W	KIIE.	
TITLE			1	เพ	THIS SE	DACE:	
NAME						AVL.	
STREET ADDRESS CITY-ST-ZIP							
TITLE							

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 it 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:

STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP

NGRATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-07

Daytime Phone #