

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 28, 2005  
Secretary of State**

DOCUMENT# N04000003836

Entity Name: POWERPARAGATORS EAA ULTRALIGHT CHAPTER 125 INC

**Current Principal Place of Business:**

3020 SW 192ND AVE.  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

3020 SW 192ND AVE.  
MIRAMAR, FL 33029

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, MICHAEL E  
3020 SW 192ND AVE.  
MIRAMAR, FL 33029      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

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      BROWN, MICHAEL E  
Address:                      3020 SW 192ND AVE.  
City-St-Zip:                      MIRAMAR, FL 33029

Title:                      VP                      ( ) Delete  
Name:                      DAVE, COLE  
Address:                      13067 NW 14TH ST  
City-St-Zip:                      PEMBROKE PINES, FL 33028

Title:                      TREA                      ( ) Delete  
Name:                      KAHN, OURI  
Address:                      354 FAIRRMONT RD  
City-St-Zip:                      WESTON, FL 33326

Title:                      SECR                      ( ) Delete  
Name:                      JOE, AXINN  
Address:                      15120 MEADHEAVENS  
City-St-Zip:                      DAVIE, 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. BROWN

P

02/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date