

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

4. May 30, 2008 8:00 am
Secretary of State

04-25-2008 90105 016 ****61.25

DOCUMENT # N07000002073	
1. Entity Name AA AIRCRAFT MAINTENANCE - STORES RECREATION COMMITTEE, INC.	

Principal Place of Business 3095 NW 22ND ST. MIAMI, FL 33299	Mailing Address P. O. BOX 997990 MIAMI, FL 33299
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66012695



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16931 NW 83 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI LAKES FL	
Zip	Country	Zip	Country
		33014	

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 83-0402463	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent MACKAY, CRAIG 16931 NW 83RD AVE. HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKAY, CRAIG P. O. BOX 997990 MIAMI, FL 33299 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNAPP, JAMES P. O. BOX 997990 MIAMI, FL 33299 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHERRY P. O. BOX 997990 MIAMI, FL 33299 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLORES, RICARDO P. O. BOX 997990 MIAMI, FL 33299 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/21/08	305-821-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR	Date	Daytime Phone #