


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001508	
1. Entity Name CHER AVIATION INC.	

Principal Place of Business 10373 SW 1ST COURT CORAL SPRINGS, FL 33071	Mailing Address 10373 SW 1ST COURT CORAL SPRINGS, FL 33071
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03102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0410123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWCOMB, CHARLES W
10373 SW 1ST COURT
CORAL SPRINGS, FL 33071

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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000006142 03/12/04-80012-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOUS, CHERYL A 1072 NW 42ND WAY DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWCOMB, CHARLES 10373 SW 1ST CT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JANET A 6568 RIGGER RD. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-10-04** **954-783-3890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #