

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002687

FILED
Mar 10, 2006
Secretary of State

Entity Name: PROFESSIONAL AVIATION MAINTENANCE ASSOCIATION (GOLD COAST CHAPTER), INC.

Current Principal Place of Business:

5001 N W 105 DR
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

1515 PERIMETER ROAD
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

5001 NW 105 DRIVE
CORAL SPRINGS, FL 33076 US

New Mailing Address:

1515 PERIMETER ROAD
WEST PALM BEACH, FL 33406 US

FEI Number: 65-0757398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUIFFO, PATRICIA
5001 N W 105 DR
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

GAMES, BEN T T
1515 PERIMETER ROAD
WEST PALM BEACH, FL 33406 US

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: BEN GAMES

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CUIFFO, PATRICIA
Address: 5001 N W 105TH DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD () Delete
Name: LALLA, BART
Address: 5001 N W 105 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: RUSSELL, BOB
Address: 5001 N W 105 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GAMES, BEN T T
Address: 1515 PERIMETER ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD (X) Change () Addition
Name: LALLA, BART
Address: 1515 PERIMETER ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S (X) Change () Addition
Name: RUSSELL, BOB
Address: 1515 PERIMETER ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP () Change (X) Addition
Name: DELATORRE, LEO VP
Address: 1515 PERIMETER ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BEN GAMES

T

03/10/2006

Electronic Signature of Signing Officer or Director

Date