

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 18, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000029206

1. Entity Name
FLYING BOAT PARTS, INC.



Principal Place of Business

**1111 BRICKELL AVE.
11TH FLOOR
MIAMI, FL 33131**

Mailing Address

**PO BOX 491230
KEY BISCAYNE, FL 33149**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1038318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERRERA, JOSE
10805 NORTH KENDALL DR
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000092055
03/18/04-80034-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
HERRERA, JOSE
1111 BRICKELL AVE. 11TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
RUIZ, JOSE
1111 BRICKELL AVE. 11TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CONFALONE, JAMES
3420 SOUTH DIXIE HIGHWAY
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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:

JOSE RUIZ, V.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 (305) 274-5555