

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000041922

1. Entity Name
WORLD AIRCRAFT-ACCESSORIES, INC.



FILED

08 JUN 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7485 W. 2ND CT
HIALEAH, FL 33014

Mailing Address
7485 W. 2ND CT
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1003815

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENEREO, DANIEL
7485 W 2ND CT
HIALEAH, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 role if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VENEREO, DANIEL
STREET ADDRESS 17641 NW 88TH AVE
CITY-ST-ZIP HIALEAH, FL 33018

TITLE D ☒ Delete
NAME ANDRES, VENEREO
STREET ADDRESS 267 EAST 11TH STREET
CITY-ST-ZIP HIALEAH, FL 33010

TITLE D ☐ Delete
NAME VENEREO, MIGUEL
STREET ADDRESS 14700 SUNSET LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600132068536
STREET ADDRESS 07/02/08--01010--002 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/08 3058638040

Date Daytime Phone #