2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90311 041 ***150.00

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04102005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000051882

1. Entity Name
WARRIOR AVIATION CORP.

Principal Place of Business	Mailing Address
2630 NORTHWEST 12TH AVE MIAMI, FL 33172	C/O MARK INGBER 3071 NORTHWEST 107TH AVE CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
2630 Northwest 112th Avenue	c/o Mark I. Ingber, C.P.A., P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10100 West Sample Road #326
City & State: Doral FL	City & State: Coral Springs FL
Zip: 33172 — Country:	Zip: 33065-3993 Country: US

4. FEI Number 65-1011348 ☐ 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
GUERRERO, MARTIN R 11101 NORTHWEST 44TH TERR MIAMI, FL 33178	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GUERRERO, MARTIN R 11101 NORTHWEST 44TH TERR MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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)(i), 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: Martin R. Guerrero 4/13/05 954-510-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #