

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000102705

1. Entity Name
OPA AIR SALES AND LEASING, INC.



FILED

04 NOV -8 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9509 S INDIAN RIVER DR
FORT PIERCE, FL 34982

Mailing Address
9509 S INDIAN RIVER DR
FORT PIERCE, FL 34982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1055622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELGAU, JEANNE
9509 S INDIAN RIVER DR
FORT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name Pedro Esteva

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

16451 Blatt Blvd 106

City Weston

FL

Zip Code 33326

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

11-5-04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELGAU, JEANNE
STREET ADDRESS 9509 S INDIAN RIVER DR
CITY-ST-ZIP FORT PIERCE, FL 34982 ☒ Delete

TITLE VP
NAME BELGAU, ROBERT J
STREET ADDRESS 9509 S INDIAN RIVER DR
CITY-ST-ZIP FORT PIERCE, FL 34982 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Pedro Esteva
STREET ADDRESS 16451 Blatt Blvd 106
CITY-ST-ZIP Ft Lauderdale FL 33309 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Esteva

11-5-04

954-771-1050