


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90016 016 ***150.00

DOCUMENT # P00000106650 1. Entity Name TRI-STAR AIRPORT HANDLING SERVICES COMPANY					
Principal Place of Business 1701 NW 66 AVE., BUILDING 709-3 MIAMI, FL 33122			Mailing Address PO BOX 66-9157 MIAMI, FL 33166		
2. Principal Place of Business 6405 NW 36 ST Suite, Apt. #, etc. Suite 206		3. Mailing Address Suite, Apt. #, etc. 			
City & State MIAMI - FL		City & State 			
Zip 33166	Country USA	Zip 	Country 		
6. Name and Address of Current Registered Agent FERREIRA DE OLIVEIRA, JOSE A 1701 NW 66 AVE. BLDG. 709-3 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name FERREIRA DE OLIVEIRA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 6405 NW 36 ST # 206 City MIAMI FL 33166		
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 <u><i>Jose A. Ferreira</i></u> PR MAY 01 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ST BIMONTI, FERNANDO M RODOVIA SANTOS DUMONT KM 66 CAMPINAS SAO PAULO BRASIL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR DE OLIVEIRA FERREIRA, JOSE A RODOVIA SANTOS DUMONT KM 66 CAMPINAS SAO PAULO BRASIL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIMID BAUER, CARLOS WALTER RODOVIA SANTOS DUMONT CAMPINAS, SAO PAULO, BRASIL, KM66 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Jose A. Ferreira</i></u> PR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MAY 01 2006 (305) 871 0510 <small>Date Daytime Phone #</small>			