2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P01000018520 1. Entity Name ATLANTIC COAST AIR, INC.							05-05-2008 90249 002 ***150.00				
Dringing Black	a of Business		cilian Address		L						
Principal Place of Business 5986 SW 44 STREET DAVIE, FL 33314		5	Mailing Address 5986 SW 44 STREET DAVIE, FL 33314				 		, 1 88 21 1985 18/8		(1881: II: 1881
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302008	Chg-P	CR2E03	1 (12/06)	
City & State			City & State .				4. FEI Numb 65-109				plied For t Applicable
Zip			Coun	try	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						
OLSEN NILS					Name .						
OLSEN, NILS 2758 NE 15 STREET APT. 2D					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE, FL 33304											
are 1.5					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.											
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
PAIC TO A PART OF THE PART OF											
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finance After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.							00 May Be ed to Fees				
10.	; OFFICERS	S AND DIREC	CTORS	11.				CHANGES TO OFF	CERS AND	RECTORS	3 IN 11
TITLE	DP		☐ Defete	TITU		DPS			Į	Change	☐ Addition
NAME	OLSEN, NILS	20		NAM	E Et address	Olse	n,Nilgi	4 street			
STREET ADDRESS CITY-ST-ZIP	2758 NE 15 STREET APT FT. LAUDERDALE, FL 333					DAU		11556			}
TITLE	DS		780 Delete	THTL		וטרוע	<u></u>	3331		Change	☐ Addition
NAME	OLSEN, EVE.		Ω	NAM	Ε				•		
STREET ADDRESS	9436 S.W. 22ND STREET			ET ADDRESS							
CITY-ST-ZIP	ET-LAUDERDALE, FL 33.	27%			-ST-ZIP					7.0	
TITLE NAME	OLSEN, JOHN M		☐ Delete	TITL	- 1				L	Change	Addition
STREET ADDRESS	2825 SUNSET ROAD				ET ADDRESS						
CITY-ST-ZIP	WEST MELBOURNE, FL	32904		CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	1					Change	☐ Addition
NAME STORES ARRESSO				NAM	et address			•	~		
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL						Change	☐ Addition
NAME				NAM					•	•	
STREET ADDRESS				-	ET ADDRESS						
CITY-ST-ZIP				_	-ST-ZIP				 -	7 Chr	- Andres
TITLE NAME			☐ Delete	TITL NAM					ι	Change	Addition
STREET ADDRESS					ET ADDRESS						ļ
CITY-ST-ZIP				CITY	-\$1-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.											