

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90291 049 ***150.00

DOCUMENT # P01000021212					
1. Entity Name SYSTEM AERO SERVICES, INC.					
Principal Place of Business 7301 BELLE MEADE ISLAND DR. FORT LAUDERDALE, FL 33318			Mailing Address 7301 BELLE MEADE ISLAND DR. MIAMI, FL 33318		
2. Principal Place of Business 960 N.E 74th ST Suite, Apt. #, etc.		3. Mailing Address 960 N.E 74th ST Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 65-1031479	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAMECHE, DOMINIQUE 7301 BELLE MEADE ISLAND DR. MIAMI, FL 33138			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 960 N.E 74th ST City Miami FL Zip Code 33138		
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>DOMINIQUE NAMECHE</u> DATE <u>4/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSD <input type="checkbox"/> Delete UZAN, VICTOR 3 RUE J KENNEDY SIDI BAU SAID TUNISIA,		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	
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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 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: <u>VICTOR UZAN</u>			Date <u>4/13/05</u> Daytime Phone # <u>3057568414</u>		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					