2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 08:00 AM Secretary of State

ANNUAL REPURI				0411 25, 2004 00:00 11111		
DOCU	MENT # P010000259	Secretary of State				
1. Entity Name						
QUINLAN	N FLIGHT SERVICES, INC.					
Principal Plac	e of Business	Mailing Address				-
	EBASTAIN DRIVE	7153 SAN SEBASTAIN DRIVE				
DUGA KATUI	N, FL 33433	BOCA RATON, FL 33433				
	BENGAR BON	80088999999999999999999999999999999999	ww			
					<u> </u>	
				01082004	No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
				65-109	7633	Not Applicat
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	they are formed as properties.		digitalia (Sustano)	
FUSTER, YOLANDA M				DΩ	NOT W	
7153 SAN SEBASTAIN DRIVE BOCA RATON, FL 33433					entere sult out of the little	ananananan aranganging gi bersibera
BOOKINA	1011,12 00400			IN 7	THIS SP	ACE
8. The above	named entity submits this statement for t	he purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and acce
the obliga	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	We denotionals AVIII - Danature	ed Agent signature required	d when reinerstines		DATE
			· · · · · · · · · · · · · · · · · · ·	***************************************		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Selection Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND D	RECTORS		~~~		
TITLE NAME	PT FUSTER, YOLANDA M					
STREET ADDRESS	7153 SAN SEBASTAIN DRIVE			Elinie.		
CITY-ST-ZIP	BOCA RATON, FL 33433	W W		Plikalitatika.	- Libritic	
TITLE Name	VP FUSTER, MICHAEL A				Us na substitution in	30063-623-150.00
STREET ADDRESS	2101 SW 7TH STREET					
CITY-ST-ZIP	BOYNTON BEACH, FL 33435					
TITLE NAME	S FUSTER, JOAQUIN STEVEN					
STREET ADDRESS	632 SW 1ST STREET			DΩ	NOT W	DITE
City-st-zip	BOCA RATON, FL 33432			*******	NOT W	yn gefagefa gefagefag fangefagefan en
TITLE NAME				IN.	THIS SF	ACE
STREET ADDRESS						Printing and a
CITY-ST-ZIP				<u> </u>		
TITLE NAME						i Widiliani Ka
STREET ADDRESS						
CITY-ST-ZIP			The second secon	or of passion and the second control of the		
TITLE				rrindadi.		
NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

561-750-140d