

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90041 016 \*\*\*150.00

**DOCUMENT # P01000040520**

1. Entity Name  
**FLYING SOLUTIONS, INC.**



Principal Place of Business  
**5055 WILES RD  
APT 106  
COCONUT CREEK, FL 33703**

Mailing Address  
**5055 WILES RD  
APT 106  
COCONUT CREEK, FL 33703**

**94060203**

2. Principal Place of Business  
**3601 W. Hillsboro Blvd**

3. Mailing Address  
**3601 W. Hillsboro Blvd**



Suite, Apt. #, etc.  
**Apt. G106**

Suite, Apt. #, etc.  
**Apt. G106**

04062004 Chg-P CR2E034 (10/03)

City & State  
**Coconut Creek, FL**

City & State  
**Coconut Creek, FL**

4. FEI Number  
**65-1097593** ☒ Applied For  
☐ Not Applicable

Zip  
**33073**

Country  
**U.S.A**

Zip  
**33073**

Country  
**U.S.A**

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

**FLORES, GERMAN  
5055 WILES RD APT 106  
COCONUT CREEK, FL 33073**

Name  
**Flores, German**

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

**3601 W. Hillsboro Blvd. Apt. G106**

City  
**Coconut Creek**

FL

Zip Code  
**33073**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**PD** ☐ Delete  
NAME  
**MOLINO, KARIM**  
STREET ADDRESS  
**5055 WILES RD APT 106**  
CITY-ST-ZIP  
**COCONUT CREEK, FL**

TITLE  
**VD** ☐ Delete  
NAME  
**ROHRSCHEIB, ERIC**  
STREET ADDRESS  
**5055 WILES RD APT 106**  
CITY-ST-ZIP  
**COCONUT CREEK, FL 33703**

TITLE  
**STD** ☐ Delete  
NAME  
**FLORES, GERMAN**  
STREET ADDRESS  
**5055 WILES RD APT 106**  
CITY-ST-ZIP  
**COCONUT CREEK, FL 33703**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD** ☒ Change ☐ Addition  
NAME  
**Molino, Karim**  
STREET ADDRESS  
**3601 W. Hillsboro Blvd. Apt. G106**  
CITY-ST-ZIP  
**Coconut Creek, FL, 33073**

TITLE  
**VD** ☒ Change ☐ Addition  
NAME  
**ROHRSCHEIB, ERIC**  
STREET ADDRESS  
**3601 W. Hillsboro Blvd. Apt. G106**  
CITY-ST-ZIP  
**Coconut Creek, FL, 33073**

TITLE  
**STD** ☒ Change ☐ Addition  
NAME  
**Flores, German**  
STREET ADDRESS  
**3601 W. Hillsboro Blvd. Apt. G106**  
CITY-ST-ZIP  
**Coconut Creek, FL, 33073**

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**

Date

**954-4271687**

Daytime Phone #