

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90021 001 ***300.00

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1. Entity Name
WRIGHT BROS. AVIATION, INC.



Principal Place of Business
**1850 N.W. 66TH AVE., BUILD. 708
STE. 220
MIAMI, FL 33126**

Mailing Address
**P.O. BOX 522906
MIAMI, FL 33152**

66000057



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1113273

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABALLERO, CARLOS A
4831 NW 99 CT.
STE. 220
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 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
NAME	CABALLERO, CARLOS A
STREET ADDRESS	4831 NW 99 CT.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	REY, ALFONSO
STREET ADDRESS	P.O. BOX 52206
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	DONADO, CARLOS
STREET ADDRESS	P.O. BOX 52206
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	MILLON, PATRICIA
STREET ADDRESS	P.O. BOX 52206
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	SOTO, LUIS
STREET ADDRESS	P.O. BOX 52206
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05
Date

Daytime Phone #