2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State 03-25-2004 90016 005 ***150.00

DOCUMENT # P01000075587 1. Entity Name GERMANY AIRCRAFT SERVICES, INC.					03-25-2004 90016 005 ***150.00					
	of Business BLVD STE 450-F INES, FL 32024		Mailing Address 9050 PINES BLVD STE 450-F PEMBROKE PINES, FL 32024							
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numb 65-112				Applied For Not Applicable	
Zip	Country	Zip	Coun	try		of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Curr	rent Registered Agent		Name	7. Name and	Address of New I	Registered .			
OBERMULLER, KARL H 9050 PINES BLVD				Street Address (P.O. Box Number is Not Acceptable)						
STE 450-B				0,00,1,00			- <i>r</i>			
PEMBROK	E PINES, FL 32024			City			FL	Zip Cod	e	
8. The above	named entity submits this stateme	ent for the purpose of changing	its registere	ed office or regist	ered agent, or bo	oth, in the State of F			and accept	
	ons of registered agent.	, ,	_							
SIGNATURE_	Signature typed or printed name of registered	agent and title if applicable (f	NOTE: Registere	d Agent signature requi	red when reinstating!		DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	9. Election Carr 50.00 Trust Fund C		ncing \$	5.00 May Be dded to Fees					
10.		AND DIRECTORS	11.	-	ADDITIONS	/CHANGES TO OF	ICERS AND	DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERMULLER, KARL H 9050 PINES BLVD STE 50-B PEMBROKE PINES, FL 320							change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMBROICE FINES, TE 320	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITL	E				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI					Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITL NAA STR	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	eet address 7-st-zip				☐ Change	Addition	
12. I hereby indicated of the column changed	certify that the information supplier on this report or supplemental reporation or the receiver or trustee, or on an attachment with an additional or the supplemental or			emption stated in ature shall have the ired by Chapter f	Section 119.07(3 ne same legal effe 507, Florida Statu		. I further ce r cath; that i ne appears	ertify that the i am an office in Block 10 c	information r or director or Block 11 if	
CICNIAT	URE: byckarl Ob	ermüller ED OR PRINTED NAME OF SIGNING OFF				3-22-04		Daytime Phone #		