

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085687

FILED
Apr 13, 2009
Secretary of State

Entity Name: TMF AIRCRAFT, INC.

Current Principal Place of Business:

3455 NW 153RD STREET
OPA-LOCKA, FL 33054

New Principal Place of Business:

3455 NW 153RD STREET
MIAMI GARDENS, FL 33054

Current Mailing Address:

3455 NW 153RD STREET
OPA-LOCKA, FL 33054

New Mailing Address:

3455 NW 153RD STREET
MIAMI GARDENS, FL 33054

FEI Number: 80-0006677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELENDEZ, MICHELLE
6920 SILVER OAK DRIVE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELENDEZ, JESUS
Address: 6920 SILVER OAK DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: MELENDEZ, MICHELLE
Address: 6920 SILVER OAK DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MELENDEZ

VP

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date