

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90418 032 ***150.00

DOCUMENT # P02000013350

Entity Name

P. AVIATION CORPORATION



Principal Place of Business

2500 NW 124 AVENUE
CORAL SPRINGS, FL 33065

Mailing Address

2500 NW 124 AVENUE
CORAL SPRINGS, FL 33065

2. Principal Place of Business

6483 CATALINA LANE

Suite, Apt. #, etc.

3. Mailing Address

6483 CATALINA LANE

Suite, Apt. #, etc.



03032004

Chg-P

CR2E034 (10/03)

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

01-0617768

Applied For

Not Applicable

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIMENEZ, JOSE

2500 NW 124 AVENUE

CORAL SPRINGS, FL 33065

Name

JOSE GIMENEZ

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

6483 CATALINA LANE

City TAMARAC

FL

Zip Code 33321

7. Name and Address of New Registered Agent

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	GIMENEZ, JOSE	
STREET ADDRESS	2500 NW 124 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	CARLOS, FRANCISCO	
STREET ADDRESS	4310 S.W. 13TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DINA, CARLOS TITLE: VP	<input type="checkbox"/> Delete
NAME	8250 SW 29ST	
STREET ADDRESS	MIAMI, FL 33155	
CITY-ST-ZIP	TEL 305 207 1776	
TITLE	GIMENEZ, JOSE TITLE: PD	<input type="checkbox"/> Delete
NAME	6483 CATALINA LANE	
STREET ADDRESS	TAMARAC, FL 33321	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 9547180842

Email: JGIMENEZ@NICKGROUP.COM