

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90007 036 ***158.75

DOCUMENT # P02000022783

1. Entity Name
AFCO FLIGHT PRODUCTS CORP.



Principal Place of Business

**3300 NE 192ND STREET
APT. 1909
AVENTURA, FL 33180**

Mailing Address

**3300 NE 192ND STREET
APT. 1909
AVENTURA, FL 33180**

2. Principal Place of Business

**35050 SATEEN DR
Suite, Apt. #, etc.**

3. Mailing Address

**35050 SATEEN DR
Suite, Apt. #, etc.**

City & State

ZEPHYRHILLS, FL

Zip

33541

Country

USA

City & State

ZEPHYRHILLS, FL

Zip

33541

Country

USA

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0400343

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORONADO, NESTOR
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **7/1/04**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.153(2)(b), F.S., the corporation did not receive this prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **FAVA, ALBERT G**
STREET ADDRESS **3300 NE 192ND STREET APT. 1909**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VD** ☐ Delete
NAME **FAVA, MARYANN M**
STREET ADDRESS **3300 NE 192ND STREET APT. 1909**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PSD** ☒ Change ☐ Addition
NAME **FAVA, ALBERT G**
STREET ADDRESS **35050 SATEEN DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **VD** ☒ Change ☐ Addition
NAME **FAVA, MARYANN M**
STREET ADDRESS **35050 SATEEN DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04 813 355 1409