

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90006 020 ***150.00

DOCUMENT # P02000060648

1. Entity Name

FLY BY NIGHT, INC



Principal Place of Business

2100 SW 81 AVE #207
N LAUDERDALE FL 33068

Mailing Address

2100 SW 81 AVE #207
N LAUDERDALE FL 33068

2. Principal Place of Business

2100 SW 81 AVE

Suite, Apt. #, etc.

#207

City & State

N. LAUDERDALE FL

Zip

33068

Country

BROWARD

3. Mailing Address

4710 Lake Vista Dr.

Suite, Apt. #, etc.

C

City & State

COCONUT CREEK FL.

Zip

33073

Country

BROWARD



MOORE

CR2E034 (4/04)

4. FEI Number

01-0706989

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, BEATRICE
2100 SW 81 AVE #207
N LAUDERDALE FL 33068

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

Beatrice Caputo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAPUTO, BEATRICE
STREET ADDRESS 2100 SW 81 AVE #207
CITY-ST-ZIP N LAUDERDALE FL 33068 ☐ Delete

TITLE P
NAME ALLARRA, MARTHA
STREET ADDRESS 4710 LAKE VISTA DR
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Mark Algaier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04

Date

954 984 8594

Daytime Phone #