

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

*Amended*

DOCUMENT # P02000071990

1. Entity Name  
TOTAL AIR SERVICES OF SOUTH FLORIDA, INC.



FILED

04 OCT 25 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14376 SW 139 CT, BAY #10  
MIAMI, FL 33186

Mailing Address  
14376 SW 139 CT, BAY #10  
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004

Chg-P

CR2E034 (10/03)

4. FEI Number  
30-0120536

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBIAN, ZOILA  
13292 S.W. 100 TERRACE  
MIAMI, FL 33186

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

Amended AR is \$61.25

9. Election Campaign Financing:  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE P  
NAME COBIAN, ZOILA  
STREET ADDRESS 13292 S.W. 139 CRT BAY #10  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900042153449  
CITY-ST-ZIP 10/25/04--01067--012 \*\*\$61.25

TITLE DV  
NAME COBIAN, VICTOR M  
STREET ADDRESS 13292 S.W. 100 TERRACE  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

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

TITLE S  
NAME RUMANIUK, JUANA C  
STREET ADDRESS 14376 SW 139 CRT BAY #10  
CITY-ST-ZIP MIAMI, FL 33186 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*

Zoila A. Cobian

10/22/04 (305)2320745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #