

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2007 08:00 A
Secretary of State**

DOCUMENT # P02000086721

1. Entity Name
INTEGRATED AVIATION SERVICES INC.



Principal Place of Business

**1865 BRICKELL AVENUE
SUITE TH-5
MIAMI, FL 33129 US**

Mailing Address

**1865 BRICKELL AVENUE
SUITE TH-5
MIAMI, FL 33129 US**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3056920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPITTLER, MARIA
1865 BRICKELL AVENUE
SUITE TH-5
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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 (Applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SPITTLER, MARIA**
STREET ADDRESS **1865 BRICKELL AVENUE, SUITE TH-5**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000701093
04/20/07-80043-012 150

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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 the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been 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