

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
May 14, 2008 08:00 AM
Secretary of State



05102008 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 <input type="checkbox"/>	\$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 for the corporation

(NOTE: Registered Agent Signature required when amending)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SPITTLER, MARIA 1865 BRICKELL AVENUE, SUITE TH-5 MIAMI, FL 33129
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U00000951375
06/04/08-80031-016 150.00

**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. 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

Day/1st + Plat + 6

5/9/08