2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90100 037 ***158.75

DOCUMENT # P02000105966

1. Entity Name

DARWEN AIRCRAFT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3517 NW 115 AVENUE	3517 NW 115 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DORAL FLORIDA	DORAL FLORIDA
Zip 33178 Country USA	Zip 33178 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0339567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MASSIE, DAVID L.

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

3517 NW 115 AVENUE

City: DORAL FL Zip Code: 33178

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $600.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MASSIE, DAVID L. 3517 NW 115 AVENUE MIAMI FL 33178
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (DAVID LAURENCE MASSIE) April 16, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date 305 594 8157 Daytime Phone