

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (A-1)**

FILED
Jun 08, 2004 8:00 am
Secretary of State

04-19-2004 90732 037 ***150.00

DOCUMENT # P02000131148					
1. Entity Name DELTA AIRCRAFT FINANCE CORPORATION					
Principal Place of Business 5951 CRYSTAL VIEW DRIVE ORLANDO FL 32819			Mailing Address 5204 EAST HARTFORD AVENUE SCOTTSDALE AZ 85254		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 06-166528	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW. 22ND ST. 4TH FLOOR MIAMI FL 33145				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SPAR, ROBERT			NAME	
STREET ADDRESS	5951 CRYSTAL VIEW DRIVE			STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32819			CITY- ST- ZIP	
TITLE	ST	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SPAR, BEVERLY			NAME	
STREET ADDRESS	5951 CRYSTAL VIEW DRIVE			STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32819			CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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MOORE CR2E034 (11/03)

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone