## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300008941  1. Entity Name ANGLER AIRWAYS, INC.					,	FILE C	4 12: 36		
Principal Place ( 3851 NW 1457 OPA-LOCKA, FL	TH STREET	Mailing Address 3851 NW 145TH STREET OPA-LOCKA, FL 33054			SE TALI	CRETARY G LAHASSEE.	FSTATE FLORIDA		
2. Principal Place 4284 N Suite, Apt. #, Hangar City & State	.W.147th Terrace	3. Mailing Address  Same as #2 Suite, Apt. #, etc.			07232004	Chg-P	CR2E034 (16	0/03)	Jiled For
Opa-Loc <sup>Zip</sup>	Country	Opa-Locka	F1.33 Country	3054		of Status Desired	Fee R	5 Addi equired	
Gilbert Chacon 4284 N.W. 147th Terrace Opa-Locka, F1.33054					7. Name and Address of New Registered Agent  Same as # 6				
8. The above named entity submits this statement to 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									
FILE NOWILI FEE IS \$550.00 / 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
STREET ADDRESS				Gi	esident 1bert (	changes to off hacon 147th	X	hange	Addition
TITLE NAME STREET ADDRESS	President Ron Sienkiewicz 4284 NW 147th Terrace,OPA			Vic Eri	ce President Change Addition cik Chacon Res N.W. 147th Terrace,Opalocka				
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12. I hereby certify that the information supplied with this filling 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 peop of 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 of truebe 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 VAINTED NAME OF SIGNING OFFICER OR DIRECTOR									

May 16,2004 Tina Roberts Florida Department of State

Subject : Angler Airways Inc.

Dear Mis : Roberts:

As per telcon we are enclosing all of the pertinent forms that your office has sent us, we trust that we have filled them out properly. If you have any questions or there are some corrections that need to be made please call me at my office at 954-983-3606 or my cell 954-3942418.

We are enclosing a Check for \$158.75 , which covers the cost of "Certificate Of Status.

We Thank You for your help.

Sincerely,

Gilbert Chacon

President of Angler Airways INc.