

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90105 045 ***150.00

DOCUMENT # P03000009996 1. Entity Name PROMO AVIATION INC.					
Principal Place of Business 934 S.W. 176 TERR. MIAMI, FL 33029 US			Mailing Address 934 S.W. 176 TERR. MIAMI, FL 33029 US		
2. Principal Place of Business 934 S.W. 176 TERR Suite, Apt. #, etc.		3. Mailing Address 934 S.W. 176 TERR Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 03-0503883	
Zip 33029		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, JAIME A 934 S.W. 176 TERR MIAMI, FL 33029				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 934 S.W. 176 TERR City PEMBROKE PINES FL Zip Code 33029	
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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JAIME A 934 S.W. 176 TERR MIAMI, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JAIME A. 934 S.W. 176 TERR PEMBROKE PINES, FL 33029 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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, email or phone number empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAIME A. SANCHEZ 3/22/04 (305) Date Daytime Phone #			