

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2004 90032 015 ***158.75

DOCUMENT # P03000021556

1. Entity Name
CR FLIGHT TRAINING, INC.



Principal Place of Business
**14359 S.W. 127TH STREET, HANER 109
TAMiami, FL 33186**

Mailing Address
**14359 S.W. 127TH STREET, HANER 109
TAMiami, FL 33186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56 - 231 7642

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BACCHETTI, ALESSANDRO
14359 S.W. 127TH STREET, HANER 109
TAMiami, FL 33186**

Name
FONTANE, JOSE R.

Street Address (P.O. Box Number is Not Acceptable)
14359 S.W. 127th ST.

HANGAR 109

City
MIAMI

FL

Zip Code
33186

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

01 - 10 - 04

**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

TITLE
D
NAME
BACCHETTI, ALESSANDRO
STREET ADDRESS
14359 S.W. 127TH STREET, HANGER 109
CITY-ST-ZIP
TAMiami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/D
NAME
FONTANE, JOSE R.
STREET ADDRESS
14359 SW 127th ST. HANGAR 109
CITY-ST-ZIP
MIAMI - FL 33186

TITLE
V/D
NAME
VELEZ, JUAN C.
STREET ADDRESS
14359 SW 127th ST. HANGAR 109
CITY-ST-ZIP
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

01 - 10 - 04 305 332 6412

Date

Daytime Phone #