

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-12-2004 90661 046 ***150.00

FILED P03000067574
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 03 PM 2:23

DOCUMENT # P03000067574					
1. Entity Name PALM TREE AVIATION, INC.					
Principal Place of Business 7850 NW 6TH ST., UNIT 204 PEMBROKE PINES, FL 33024			Mailing Address 7850 NW 6TH ST., UNIT 204 PEMBROKE PINES, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0471595	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 18TH ST. FT. LAUDERDALE, FL 33311				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's signature required when reissuing)					
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					
TITLE	☐ Delete				
NAME	D HUSAIN, Z.				
STREET ADDRESS	7850 NW 6TH ST., UNIT 204				
CITY- ST- ZIP	PEMBROKE PINES, FL 33024				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
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: <u>Z. Husain</u> Z. HUSAIN <u>04/08/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					