

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/31

FILED
Jul 01, 2004 8:00 am
Secretary of State

05-03-2004 90748 023 ***150.00

DOCUMENT # P03000068333 1. Entity Name EASTSIDE AVIATION SALES, INC.					
Principal Place of Business 812 NW 1ST STREET FT LAUDERDALE FL 33311			Mailing Address 812 NW 1ST STREET FT LAUDERDALE FL 33311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 91-2194845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAMEREU, DAVID F 812 NW 1ST STREET 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 _____ (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. <input type="checkbox"/> \$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	DP DAMEREU, DAVID F 812 NW-1ST STREET FT LAUDERDALE FL 33311		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.					
SIGNATURE David F. Damereu				Date 4-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-525-1022	

66429233



MOORE CR2E034 (11/03)

Attachment

66429233

Eastside Aviation Sales, Inc.

812 NW 1 Street
Ft Lauderdale, FL 33311
Phone: 854-525-1032
Fax: 854-525-7684

June 24, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Reference Number: P03000068333

The attached letter was received in our office on June 21, 2004. It requests that we respond within 30 days of the date of the letter. We were unable to meet that deadline because the letter did not reach us until the time period had elapsed.

Please accept this response, as we responded as soon as we were able.

Sincerely



Craig L. Morrell
Senior Accountant