



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90057 044 ***150.00

| | | | | | |
|--|---|---------------------------------|--|--|--|
| DOCUMENT # P03000135883 1. Entity Name FLORIDA AEROSPACE PARTNERSHIP, INC. | | | |  | |
| Principal Place of Business 3305 SW 11TH AVE FORT LAUDERDALE, FL 33315 | | | Mailing Address 3305 SW 11TH AVE FORT LAUDERDALE, FL 33315 | | |
| 2. Principal Place of Business 409 S.W. 30 Ave. Suite, Apt. #, etc. | | | 3. Mailing Address Same Suite, Apt. #, etc. | | |
| City & State Hollywood FL | | | City & State | | |
| Zip 33312 | | Country BROWARD | | 4. FEI Number 20-0409163 | |
| 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 WORLDWIDE CORPORATE SERVICES, INC. 2780 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 | | | | 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 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 | P FERGUSON, JERRY 11300 NW 5TH STREET PLANTATION, FL 33325 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHENCK, GLEN 21205 YACHT CLUB DRIVE AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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:  Jerry Ferguson 2/8/05 954-617-7700 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

40018256



01262005 Chg-P CR2E034 (10/03)