

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000135883

1. Entity Name
FLORIDA AEROSPACE PARTNERSHIP, INC.



Principal Place of Business
**4019 SW 30 AVE
HOLLYWOOD, FL 33312**

Mailing Address
**4019 SW 30 AVE
HOLLYWOOD, FL 33312**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0409163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, JERRY
4019 SW 30 AVE
HOLLYWOOD, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, JERRY
STREET ADDRESS	4019 SW 30 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	VP
NAME	SCHENCK, GLEN
STREET ADDRESS	4019 SW 30 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	VP
NAME	BERNSTEIN, ADI
STREET ADDRESS	4019 SW 30 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000870478
04/09/08-80092-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/24/08

Date

954.617.7700

Daytime Phone #