

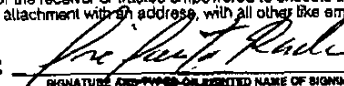
CAROLMITCHELL

Fax : 813-842-9901

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90981 008 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000007257			
1. Entity Name SARASOTA SPORT AVIATION SERVICES INC.			
Principal Place of Business 10201 WILLOW DR PORT RICHEY, FL 34668		Mailing Address 10201 WILLOW DR PORT RICHEY, FL 34668	
2. Principal Place of Business 7105 Clark RD		3. Mailing Address 7105 Clark Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34241	Country SARASOTA	Zip 34241	Country USA
4. FEI Number 04-3782379		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 date if applicable. (NOTE: Registered Agent Signature required when substituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD RADA, JOSE J 10201 WILLOW DR PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADA, JOSE J 7105 Clark Rd SARASOTA FL 34241 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RADA, ROCIO 10201 WILLOW DR PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RADA ROCIO 7105 Clark Rd SARASOTA FL 34241 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/28/05 7272070540	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	