


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2005 8:00 am
Secretary of State

04-22-2005 90313 039 ***150.00

DOCUMENT # P04000013866			
1. Entity Name PREMIER AIRCRAFT FUNDING, CORP.			
Principal Place of Business 4205 N. MERIDIAN AVE MIAMI BEACH FL 33140		Mailing Address 4205 N. MERIDIAN AVE MIAMI BEACH FL 33140	
2. Principal Place of Business		3. Mailing Address POST OFFICE BOX 403303	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI BEACH, FL	
Zip	Country	Zip 33140	Country
6. Name and Address of Current Registered Agent HERSKOWITZ, BARBARA 4205 N. MERIDIAN AVE MIAMI BEACH FL 33140		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 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Barbara Herskowitz</u>		Date: <u>4-14-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66044000



1st MOORE CR2E034 (10/04)