2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044330

1. Entity Name
SPEED AVIATION MAINTENANCE CORP.



FILED Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90016 023 ***150.00

Principal Place of E	Business	Mailing Address							
7809 W COMMERCIAL BLVD Tamarac, FL 33351		7809 W COMMERCIAL BLVD Tamarac, Fl. 33351							
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2. Principal Place	of Business	3. Mailing Address							
	COMMERCIAL BLAD	SAMOAS APON ".			1 16811681 111 1	ilitis atau aarin aans basii	ABIN BIBN BIBN	IN INCOMPOSIT MATE	(\$ \$1 II 100)
Suite, Apt. #, etc	c. 	Suite, Apt. #, etc.			02082005	Chg-P	CR2E03	4 (10/03)	
City, & State	ac f(33351	City & State		4. FEI Number	-08822	233	_ 	plied For Applicable	
Zip 37751	Country	Zip	Coun	try	5. Certificate of	of Status Desired		8.75 Addi ee Required	
6	i. Name and Address of Current R	egistered Agent	1		7. Name and	Address of New Re	gistered A	gent	
BLAINO, CHARLES R				Name					
	MERCIAL BLVD			Street Address	(P.O. Box Numbe	r is Not Acceptable)) 		
TAIVIANAC, FL	L 33331								
		•		City			FL	Zip Code	9
	ned entity submits this statement for	the purpose of changing it	s register	ed office or regist	ered agent, or both	n, in the State of Flor	rida. I am fa	miliar 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 requ					ed when reinstating)		DATE		
	iOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cor	•		5.00 May Be ided to Fees				
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE D	OFFICERS AND C	□ Delete	זוזנ	E	, and the state of	5717 (1 TO 2 D 7 D 7 D 7 T)	02.107.110	☐ Change	Addition
	ALINO, CHARLES R	•	NAM	-					1
)	109 W COMMERCIAL BLVD NMARAC, FL 33351			ET ADDRESS -ST-ZIP					
TITLE D		☐ Delete	TITL	Ē	,			Change	Addition:
	ALINO, THEREAS L	•	NAM	IE EET ADORESS					
	109 W COMMERCIAL BLVD NMARAC, FL 33351	•		-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM	IE EET ADDRESS					.
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	٠			-	
TITLE ,		☐ Delete	TITL					Change	Addition .
NAME STREET ADDRESS			NAM STR	EET ADDRESS					Ì
CITY-ST-ZIP			- 4	'-ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS			NAN STR	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAN STR	ME EET ADDRESS					
CITY+ST-ZIP			- 6	r-ST-ZIP					
وممام موموناه مرا	ify that the information supplied with this report or supplemental report is	true and accurate and that	t my cians	ituro chall havo th	ie same legal effec	t as it made under d	nain inaila	ım an onicer	or airector I
of the corpora	ation or the receiver or trustee empo on an attachment with an address,)	wered to execute this repo	rt as requ	ired by Chapter 6	607, Florida Statute	s; and that my name	e appears ir	Block 10 o	Block 11 if
					-01	0-11-21	c or	1:000	-1/25
SIGNATU	RE: SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICE	P OR DIREC	CHANCES TOR	STI ISALINO	2-11-0: Date	<u>75</u> د	7 0 7 5 aytime Phone #	ا لا ن ا ا