

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000058470		
1. Entity Name ONYX FLYER INVESTMENTS, INC.		

Principal Place of Business 13899 BISCAYNE BOULEVARD SUITE 151 NORTH MIAMI BEACH, FL 33181 US	Mailing Address 13899 BISCAYNE BOULEVARD SUITE 151 NORTH MIAMI BEACH, FL 33181 US
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DO NOT WRITE IN THIS SPACE



04052007 No Chg. CR2F034 (11/05)

4. FEI Number 20-1112613	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROTMAN, STEVEN H 13899 BISCAYNE BOULEVARD SUITE 151 NORTH MIAMI BEACH, FL 33181	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROTMAN, STEVEN H 13899 BISCAYNE BOULEVARD, SUITE 151 NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTANA, MARIA 13899 BISCAYNE BLVD., SUITE 151 NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRANSHAW, WILLIAM R 13899 BISCAYNE BLVD., SUITE 151 NORTH MIAMI BEACH, FL 33181
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04/19/07-80061-019 150.00

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: Maria Santana 4/19/07 301-5948910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #