

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000082924

1. Entity Name
Q'S AVIATION, INC.



Principal Place of Business
1789 ABBEY ROAD
WEST PALM BEACH, FL 33415

Mailing Address
1789 ABBEY ROAD
WEST PALM BEACH, FL 33415

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0816075

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYNES, DAVID
4327 SOUTH HWY #27
SUITE NUMBER 404
CLERMONT, FL 34711

**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

David Gaynes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

7/3/8

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
QUITUGUA, FRANK
1789 ABBEY ROAD
WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000955831
07/22/08-80008-017 150.00

**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:

Frank Quitugua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/8

Date

Daytime Phone #