## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000111441

Entity Name: YELLOW TAG AVIATION SERVICES CO.

FILED Apr 30, 2005 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

2633 LANTANA ROAD 2633 LANTANA ROAD STE 27, HANGAR 601 STE 27, HANGAR 601 LANTAR, FL 33462 LANTANA, FL 33462

Current Mailing Address: New Mailing Address:

2633 LANTANA ROAD 2633 LANTANA ROAD STE 27, HANGAR 601 STE 27, HANGAR 601 LANTAR, FL 33462 LANTANA, FL 33462

FEI Number: 54-2157579 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete Title: DPT (X) Change ( ) Addition Name: TINOCO, CESAR J Name: TINOCO, CESAR J

 Address:
 2633 LANTANA ROAD
 Address:
 2633 LANTANA ROAD

 City-St-Zip:
 LANTAR, FL 33462
 City-St-Zip:
 LANTANA, FL 33462

 Title:
 VS
 ( ) Delete
 Title:
 VS
 (X) Change ( ) Addition

 Name:
 BUTTERFIELD, JOANNA
 Name:
 BUTTERFIELD, JOANNA

 Name:
 BOTTERFIELD, JOANNA
 Name:
 BOTTERFIELD, JOANNA

 Address:
 2633 LANTANA ROAD
 Address:
 2633 LANTANA ROAD

 City-St-Zip:
 LANTAR, FL 33462
 City-St-Zip:
 LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR TINOCO DPT 04/30/2005