9146820405 CROWNE PLAZA HOTE-

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90075 008 ***150.00

DOCUMENT # P04000156500

1. Entity Name
CORPORATE PILOT SERVICES,INC

Principal Place of Business	Mailing Address
523 NE 16TH AVENUE FORT LAUDERDALE, FL 33301	523 NE 16TH AVENUE FORT LAUDERDALE, FL 33301

05042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1801 NE 21st St.	1801 NE 21st St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33305 Country: Broward	Zip: 33305 Country: Broward

4. FEI Number: 20-1791377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLLIER, JOHN
523 NE 16TH AVENUE
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name: John Collier
Street Address (P.O. Box Number is Not Acceptable): 1801 NE 21st St.
City: Fort Lauderdale, FL Zip Code: 33305

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 X ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) x May 01, 2006 DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIER, JOHN 523 NE 16TH AVENUE FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Collier, John 1801 NE 21st St Fort Lauderdale, FL, 33305	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X ________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   may 01 2006 Date   954 232 8481 Daytime Phone #