
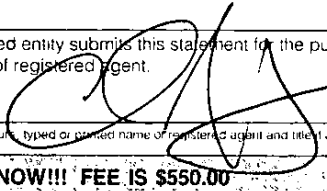
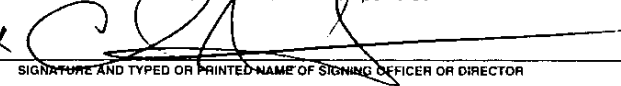


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90003 006 \*\*\*558.75

<b>DOCUMENT # P04000161753</b>					
1. Entity Name <b>ULTIMATE AIRCRAFT APPEARANCE OF FLORIDA, INC.</b>					
Principal Place of Business <b>BUILDING 79 JFK INTERNATIONAL AIRPORT JAMAICA NY 11430</b>			Mailing Address <b>BUILDING 79 JFK INTERNATIONAL AIRPORT JAMAICA NY 11430</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2020459</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPARACINO, CHRISTOPHER 750 SOUTHWEST 34 STREET FT. LAUDERDALE FL 33105</b>				7. Name and Address of New Registered Agent Name <b>CHRISTOPHER SPARACINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>750 SOUTHWEST 34 ST</b> City <b>FT LAUDERDALE FL FL</b> Zip Code <b>33105</b>	
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 <b>8/22/07</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 5, 2007</b> <b>Make Check Payable to Florida Department of State</b>				S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPARACINO, CHRISTOPHER</b>		NAME		
STREET ADDRESS	<b>JFK AIRPORT BLDG. 79 CARGO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JAMAICA NY 11430</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FURNARI, SALVATORE</b>		NAME		
STREET ADDRESS	<b>125 RUSTIC PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STATEN ISLAND NY 10308</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE <b>8/22/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	