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Secretary of State

05-03-2006 90195 021 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000044406

1. Entity Name
CHECK MARK AVIATION, CORP.

Principal Place of Business	Mailing Address
15360 SW 302 STREET HOMESTEAD, FL 33033	15360 SW 302 STREET HOMESTEAD, FL 33033

66023051

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1013976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL ROSARIO, LUIS F
~~15360 SW 302 STREET~~
~~HOMESTEAD, FL 33033~~

7. Name and Address of New Registered Agent

Name: Luis del Rosario
Street Address (P.O. Box Number is Not Acceptable): 14300 SW 129 ST - SUITE 102
City: Miami FL Zip Code: 33186

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 ________ 08-07-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Del Rosario, Luis F. 15360 SW 302 Street Homestead, FL 33033 President / Director ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADD ☐ 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: ________ 04-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66023051

#P05000044406

PRONTO INCOME TAX
7360 CORALWAY
SUITE 21
MIAMI, FL 33155
TEL (305) 267-1092
FAX (305) 267-2819

CHECK MARK AVIATION, CORP
14300 SW 129 ST
SUITE 102
MIAMI, FL 33186

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O BOX 1500
TALLAHASSEE, FLORIDA 32302

To whom it may concern:
I have an understanding that my annual report has not been filed, because we did not provide you with the title(s) of each officer/director. This was our mistake and we're very sorry for the inconvenient. Attached you will find the corrections. If any further questions please don't hesitate to call.

Thank you,

Sincerely,

Luis del Rosario
President/Director