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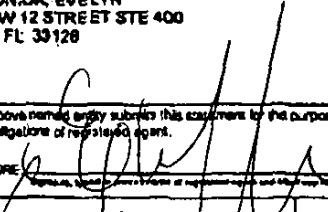
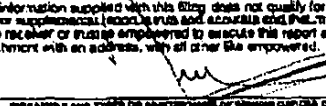
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FILED
May 15, 2007 8:00 am
Secretary of State

04-17-2007 90043 042 ***150.00

4/17/2

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000045905			
1. Entity Name AIRCRAFT TECHNICAL SUPPORT SALES INC.			
Principal Place of Business 4350 NW 124 STREET CORAL SPRINGS, FL 33065		Mailing Address 4350 NW 124 STREET CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2589296		Applied For Non Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee (Required)		04092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHAPONICK, EVELYN 7955 NW 12 STREET STE 400 MIAMI, FL 33128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip/Code	
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:  5/1/07			
FEE: \$400.00 FEE: \$5.00 After May 1, 2007 Fee will be \$950.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10a. NAME STREET ADDRESS CITY-ST-ZIP	10b. ☐ Delete DPST. MACHIAN, AMER 4350 NW 124 STREET CORAL SPRINGS, FL 33065	11a. NAME STREET ADDRESS CITY-ST-ZIP	11b. ☐ Change ☐ Addition
10c. NAME STREET ADDRESS CITY-ST-ZIP	10d. ☐ Delete	11c. NAME STREET ADDRESS CITY-ST-ZIP	11d. ☐ Change ☐ Addition
10e. NAME STREET ADDRESS CITY-ST-ZIP	10f. ☐ Delete	11e. NAME STREET ADDRESS CITY-ST-ZIP	11f. ☐ Change ☐ Addition
10g. NAME STREET ADDRESS CITY-ST-ZIP	10h. ☐ Delete	11g. NAME STREET ADDRESS CITY-ST-ZIP	11h. ☐ Change ☐ Addition
10i. NAME STREET ADDRESS CITY-ST-ZIP	10j. ☐ Delete	11i. NAME STREET ADDRESS CITY-ST-ZIP	11j. ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental statement is true and accurate and that my signature shall here be 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: 4/30/07 954-755-8602	

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