## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2006 8:00 am Secretary of State 05-02-2006 90226 005 \*\*\*150.00 DOCUMENT # P05000048038 ELITE AIRCRAFT INTERIORS, INC. Principal Place of Business Mailing Address 60033572 1100 NORTHWEST 53RD STREET 1100 NORTHWEST 53RD STREET FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2527197 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVAS, ARTURO **16266 NW 11TH STREET** Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33028 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE Delete TITLE Change ☐ Addition NAVAS, ARTURO NAME NAME 1100 NORTHWEST 53RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition NAVAS, ARTURO NAME NAME STREET ADDRESS 1100 NORTHWEST 53RD STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information is indicated on this report or supplement of the corporation or the receiver or the changed, or on an attachment with a red with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if edges, with a state like empowered. SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #