

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90019 047 ***158.75

DOCUMENT # P05000081263 1. Entity Name AEROSAFETY INTERNATIONAL CORP					
Principal Place of Business 561 PEARL HARBOR DR. DAYTONA BCH FL 32114			Mailing Address 561 PEARL HARBOR DR. DAYTONA BCH FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number AP-PLIED FOR	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PSD EDWARDS, SPENCE J 561 PEARL HARBOR DR. DAYTONA BCH FL 32114	☐ Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD RESLAN, GHASSAN M 561 PEARL HARBOR DR. DAYTONA BCH FL 32114	☐ Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VTD TRUSSELL, RICHARD T 561 PEARL HARBOR DR. DAYTONA BCH FL 32114	☐ Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	☐ 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u><i>[Signature]</i></u> GHASSAN M. RESLAN (EVP) 02-26-07 866-868-4359 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day the Phone #					

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