

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000120419 1. Entity Name EST PREMIER AIRPORT RESOURCES, INC.	
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Principal Place of Business 2875 NE 191 ST., PH 1 AVENTURA, FL 33180	Mailing Address 2875 NE 191 ST., PH 1 AVENTURA, FL 33180
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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2055519	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, THEODORE J. ESQ. 8030 PETERS RD., STE. D-104 PLANTATION, FL 33324
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3. 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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SREDNI, ELIEZER 2875 NE 191 STREET, PH 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SREDNI, ERWIN 2875 NE 191 STREET, PH 1 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000668035 03/27/07-80013-014 150.00 DO NOT WRITE IN THIS SPACE

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 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/15/07 Date	305-945-0405 Daytime Phone #
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