## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90035 014 \*\*\*150.00

## **DOCUMENT # P05000128185**

. Entity Name

M.J.M. AIRCRAFT ENGINEERING SERVICES, INC.



			NO. W. TEST					
NO. D-5		460 N. ROYAL POINCIANA E		40056987				
	2. Principal Place of Business - No P.O. Box # 359 PINE COURT Suite, Apt. #, etc.	3. Mailing Address 359 JINE C	ourt					
	City & State	City & State		03212007 4. FEI Numbe	Chg-P	CR2E034 (12/06)	pplied For	
	MIAMI SPINGS FL Country	IIIIQIIII SYLII	ountry 2	86-114		\$8.75	lot Applicab	
	6. Name and Address of Current	<u>  33100     C</u> Registered Agent	151A		of Status Desired	Fee Require		
VILLAVICENCIO, MIGUEL A 460 N. ROYAL POINCIANA BLVD. NO. D-5 MIAMI SPRINGS, FL 33166			Name M					
			359 Pine Court					
	The above named entity submits this statement for the obligations of registered agent.  SIGNATURE		stered office or registe		N 65 h, in the State of F	FL ZigCod lorida. I am familiar with	3) O C	
	FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campaign F	· · · · · · · · · · · · · · · · · · ·	i.00 May Be		DATE		
	10. OFFICERS AND		11.		CHANGES TO OF	FICERS AND DIRECTOR		
	NAME STREET ADDRESS CITY-ST-ZIP VILLAVICENCIO, MIGUEL A. 460 N. ROYAL POINCIANA BLVI MIAMI SPRINGS, FL 33166	D. NO. D-5	NAME MISTREET ADDRESS 35	9 PINE	VIIIAVIC COURT KINGS.	encio Echange FL 33161	☐ Additio	
	NAME VILLAVICENCIO, MIGUEL 4 STREET ADDRESS 460 N. ROYAL POINCIANA BLVE MIAMI SPRINGS, FL 33166	D. NO. D-5	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio	
ļ	TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS			☐ Change	☐ Additio	
	CITY-ST-ZIP		CITY-SI-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 employeed 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 exemployeed.

STREET ADDRESS

22107

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP