

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000137257 1. Entity Name AIRCRAFT MANAGEMENT SYSTEMS, INC	
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Principal Place of Business 6616 KINGSPORTE PKWY ORLANDO, FL 32819	Mailing Address 6616 KINGSPORTE PKWY ORLANDO, FL 32819
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05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3597306	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A 6616 KINGSPORTE PKWY ORLANDO, FL 32819
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IN THIS SPACE**

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 <u><i>Jose A. Hernandez P.</i></u> <u>4-30-07</u> DATE Signature, typed or printed name of registered agent must file if applicable. (NOTE: Registered Agent signature required when retaking)

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	U00000758726 05/24/07-80014-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JOSE A 6616 KINGSPORTE PKWY ORLANDO, FL 32819
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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 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>JOSE A. HERNANDEZ P.</u> <u>Jose A. Hernandez</u> <u>4-30-07</u> <u>407-373-0819</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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