

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000152374

1. Entity Name
AIRBORNE AVIATION ALLOYS INC



Principal Place of Business
**1466 S.W. KAMCHATKA AVENUE
PORT ST. LUCIE, FL 34953**

Mailing Address
**1466 S.W. KAMCHATKA AVENUE
PORT ST. LUCIE, FL 34953**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0441296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TANGO, STEPHEN J JR.
1466 S.W. KAMCHATKA AVENUE
PORT ST. LUCIE, FL 34953**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

000000592893
01/22/07-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME TANGO, STEPHEN J JR.
STREET ADDRESS 1466 S.W. KAMCHATKA AVENUE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE VP
NAME HOUCK, CHRISTINE
STREET ADDRESS 7431 N.W. 29TH STREET
CITY-ST-ZIP MARGATE, FL 33063

TITLE VP
NAME PINZON, DANIEL
STREET ADDRESS 28 GREEN MEADOW DRIVE
CITY-ST-ZIP TINTON FALLS, NJ 07724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Houck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 772-340-3330
Date Daytime Phone #