

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000161026

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CORPORATE FLIGHT MANAGEMENT INC.

**Current Principal Place of Business:**

111 N POMPANO BEACH BLVD.  
1805  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

8421 SW 44TH PLACE  
DAVIE, FL 33328 US

**Current Mailing Address:**

111 N POMPANO BEACH BLVD.  
1805  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

8421 SW 44TH PLACE  
DAVIE, FL 33328 US

**FEI Number:** 20-3927039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOSTI, MAXIMILIAN  
111 N POMPANO BEACH BLVD.  
1805  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

TOSTI, MAXIMILIAN  
8421 SW 44TH PLACE  
DAVIE, FL 33328 US

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.

**SIGNATURE:** MAXIMILIAN TOSTI

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TOSTI, MAXIMILIAN  
**Address:** 8421 SW 44TH PLACE  
**City-St-Zip:** DAVIE, FL 33328 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MAXIMILIAN TOSTI

P

01/11/2011

Electronic Signature of Signing Officer or Director

Date