2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

03-12-2007 90091 026 ***150.00

DOCUMENT # P06000068928

1. Entity Name

AIRCRAFT LOGISTICS, INC.

66015035

Principal Place of Business	Mailing Address
9100 SOUTH DADELAND BLVD #404 MIAMI FL 33156	9100 SOUTH DADELAND BLVD #404 MIAMI FL 33156

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 26-0143921 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNET, LIONEL
9100 SOUTH DADELAND BLVD
#404
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ________________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POSSE, ANDRES 7306 NW 34TH STREET SS#267-89-0324 MIAMI FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ________________ Jan/25/07 3055944077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT # 660015035 P06000068928

LAW OFFICES OF LIONEL BARNET, P.A.
9100 South Dadeland Boulevard Suite #404
Miami, Florida 33156

May 10, 2007

FLORIDA DEPT. OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Florida 32314

ATTENTION: ANNUAL REPORTS SECTION

PLEASE BE ADVISED THAT I HAVE RECEIVED A FEDERAL TAX ID NUMBER AS YOU REQUESTED. THE NUMBER IS:

26-0143921

I TRUST THIS SATISFIES THE REQUIREMENT AND THAT YOU WILL ACCEPT MY ANNUAL REPORT FILING FOR THIS CORPORATION.

Lionel Barnet
Enclosures:

Telephone 305-670-7887/Facsimile 305-670-7891 E-Mail LBrnt125@CS.com