

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000001134

FILED
Jan 05, 2005
Secretary of State

Entity Name: CAUFF, LIPPMAN AVIATION, INC.

Current Principal Place of Business:

7101 S.W. 102 AVE
MIAMI, FL 33173 US

New Principal Place of Business:

9420 SW 77TH AVE
MIAMI, FL 33173 US

Current Mailing Address:

401 N TYRON ST
NC1-021-02-20
CHARLOTTE, NC 33180

New Mailing Address:

FEI Number: 65-0373549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKYWATCH REGISTERED AGENTS, INC.
20801 BISCAYNE BLVD. STE 430
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGEN, ANTHONY M
Address: 401 N TYRON ST, NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP () Delete
Name: MROZ, GREG S
Address: 401 N TYRON ST, NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: S () Delete
Name: COSTAMAGNA, CHRISTINE M
Address: 401 N TYRON ST, NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: T () Delete
Name: KEYES, ROBERT A JR
Address: 401 N TYRON ST, NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: SMITH, DUANE L
Address: 401 N TYRON ST, NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DUANE L SMITH

SVP

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date