

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91280 011 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P93000033279 1. Entity Name RAHM AERO DESIGNS, INC.					
Principal Place of Business 1648 TAYLOR ROAD STE 411 DAYTONA BEACH FL 32124 US			Mailing Address 1648 TAYLOR RD STE 411 DAYTONA BEACH FL 32124 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3189902 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHM, STEVEN A 210 CESSNA BLVD. SUITE 16 PORT ORANGE FL 32128				7. Name and Address of New Registered Agent Name RAHM, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 191 CESSNA BLVD City PORT ORANGE FL Zip Code 32128	
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 4.21.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D RAHM, STEVEN A 210 CESSNA BLVD. PORT ORANGE FL 32128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHM, STEVEN A 191 CESSNA BLVD PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: STEVEN RAHM, PRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5.10.04 Daytime Phone # 3882129904		