

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-17-2008 90021 004 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000085296			
1. Entity Name TAKE FLIGHT, INC.			
Principal Place of Business 6000 METRO WEST BLVD. 105 ORLANDO, FL 32835 US		Mailing Address 8089 ST ANDREW CIR ORLANDO, FL 32835 US	
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
		4. FEI Number 59-3212669	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOSSHE, ZEEV 8089 ST ANDREW CIR ORLANDO, FL 32835		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity swears 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: <u>Michaela Moshe</u> DATE: <u>5/12/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		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	P MOSHE, ZEEV 8089 ST ANDREW CIR ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSHE, MICHAELA 8089 ST ANDREW CIR ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>MOSHE</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR		Date: <u>6/3/08</u> Daytime Phone: _____	