

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000021395

Entity Name: ALL AIRCRAFT SALES, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6591 SKYLINE DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

6591 SKYLINE DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 65-0475389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARONOWITZ, JACK L  
6591 SKYLINE DRIVE  
DELRAY BEACH, FL 33446 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARONOWITZ, JACK  
Address: 6591 SKYLINE DR.  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S  
Name: LLOYD, JOSHUA  
Address: 6591 SKYLINE DR.  
City-St-Zip: DELRAY BEACH, FL 33446

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: JACK L. ARONOWITZ

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date