2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90237 011 ***150.00

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DOCUMENT # P94000026009

1. Entity Name
SKY'S FLIGHT SERVICE, INC

Principal Place of Business	Mailing Address
5553 NW 36TH STREET SUITE A MIAMI SPRINGS, FL 33166 US	5553 NW 36TH STREET SUITE A MIAMI SPRINGS, FL 33166 US

03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3681 Sw 20 St	3681 Sw 20 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Fl	City & State: Coral Gables Fl
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. FEI Number: 65-0494952 ☐ 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
POINDEXTER, JOHN H 5553 NW 36 STREET SUITE A MIAMI SPRINGS, FL 33166	Name: Hernan Arias Street Address (P.O. Box Number is Not Acceptable): 3681 Sw 20 St City: Coral Gables FL Zip Code: 33145

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: [signature] March 31, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	CDT	☐ Delete	TITLE	President	☐ Change ☐ Addition
NAME	ARIAS, HERNAN		NAME	Hernan Arias	
STREET ADDRESS	120 ROYAL PALM ROAD		STREET ADDRESS	3681 Sw 20 St	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Coral Gables, Fl 33145	
TITLE	PDS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	POINDEXTER, JOHN		NAME		
STREET ADDRESS	1100 LEE WAGENER BLVD SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #