

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065748

**FILED**  
**Feb 04, 2004**  
**Secretary of State**

**Entity Name:** NORTHSTAR AVIATION SERVICES, INC.

**Current Principal Place of Business:**

1100 LEE WAGENER BLVD  
SUITE 310  
FT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

1100 LEE WAGENER BLVD  
SUITE 300  
FT LAUDERDALE, FL 33315 US

**Current Mailing Address:**

10033 NW 13 COURT  
FORT LAUDERDALE, FL 33322 US

**New Mailing Address:**

**FEI Number:** 65-0529069      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CALLOWAY, JEROME A  
10033 NW 13 COURT  
PLANTATION, FL 33322 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: DP ( ) Delete  
Name: CALLOWAY, JEROME A  
Address: 10033 NW 13 COURT  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JEROME A. CALLOWAY

MR.

02/04/2004

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

\_\_\_\_\_ Date