

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072101

FILED
May 24, 2005
Secretary of State

Entity Name: SOUTH FLORIDA AIRCRAFT LEASING, INC.

Current Principal Place of Business:

4280 NW 147 TERRACE
BUILDING 41
OPA-LOCKA, FL 33054 US

New Principal Place of Business:

4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054 US

Current Mailing Address:

141 SEVENINODRIVE
ISLAMORADA, FL 33036 US

New Mailing Address:

4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054 US

FEI Number: 65-0532425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUPKE, PAUL G
141 SEVENINO DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

MILLER, JAMES R
4280 NW 147TH TERRACE
OPA-LOCKA, FL 33054 US

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: JAMES R. MILLER

05/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUPKE, PAUL
Address: 12970 PORT SAID ROAD
City-St-Zip: OPA LOCKA, FL 33054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MULLENS, JAMES
Address: 4280 NW 147TH TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: VPSD () Change (X) Addition
Name: MILLER, JAMES R
Address: 4280 NW 147TH TERRACE
City-St-Zip: OPA LOCKA, FL 33054

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: JAMES R. MILLER

VPSD

05/24/2005

Electronic Signature of Signing Officer or Director

Date