

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000075249	
1. Entity Name ASSIST AVIATION, INC.	

Principal Place of Business 3500 NW BOCA RATON BLVD BAY 605 BOCA RATON, FL 33431 US	Mailing Address P.O. BOX 810993 BOCA RATON, FL 33481-0993 US
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01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623602	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FINK, BRIAN L 1700 ALFRED I. DUPONT BLDG. 169 EAST FLAGLER STREET MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANYLUCK, ROBERT A 3500 NW BOCA RATON BLVD BAY 605 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DANYLUCK, CAROL A 3500 NW BOCA RATON BLVD BAY 605 BOCA RATON, FL 33431
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02/10/06-80014-001 150.00

**DO NOT WRITE
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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.

SIGNATURE: Robert A. Danyluck 1/26/2006 561 994-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #