

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 020 ***150.00

DOCUMENT # P96000000455

1. Entity Name
AIRCRAFT ADMINISTRATION AND LEASING COMPANY, INC.



Principal Place of Business
**350 SW 34TH STREET
FORT LAUDERDALE, FL 33315**

Mailing Address
**301 WEST CAMINO GARDENS BLVD.
SUITE 101
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
**301 Camino Gardens Blvd.
Suite, Apt. #, etc.
Suite #101**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton, FL

02142008 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

33432

4. FEI Number
65-0636931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2008 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
**PSTD
MACHEN, JIM D.
301 EST CAMINO GARDENS BLVD, #101
BOCA RATON, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**301 Camino Gardens Blvd. #101
Boca Raton, FL 33432**

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
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☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jim L Machen

JIM D. MACHEN

2/18/08

561-391-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #