

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053612

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: FLORIDA INTERNATIONAL JET SCHOOL, INC.

## Current Principal Place of Business:

9555 BLIND PASS RD  
ST PETERSBURG BCH, FL 33706 US

## New Principal Place of Business:

10227 TARPON DRIVE  
TREASURE ISLAND, FL 33706 US

## Current Mailing Address:

10229 TARBON DRIVE  
TREAURE ISLAND, FL 33706 US

## New Mailing Address:

10227 TARPON DRIVE  
TREAURE ISLAND, FL 33706 US

FEI Number: 59-3386708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPANOLIOS, JAMES J  
36358 US HWY 19 NO  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

OLLIER, BERTRAND J P  
10227 TARPON DRIVE  
TREASURE ISLAND, FL 33706 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: BERTRAND OLLIER

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OLLIER, BERTRAND  
Address: 10227 TARPON DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: OLLIER, NADIA N T  
Address: 10227 TARPON DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706

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: BERTRAND OLLIER

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date