

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90292 007 ***150.00

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DOCUMENT # P96000082408					
1. Entity Name GLOBE AIR SERVICES, INC.					
Principal Place of Business 1951 NW 68TH AVENUE BLDG 706, SUITE 237 MIAMI, FL 33126			Mailing Address P O BOX 522516 MIAMI, FL 33152		
2. Principal Place of Business 1951 NW 68 AVE Suite, Apt. #, etc. Bldg 706, Ste. 236			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL			City & State		
Zip 33126		Country USA		Zip	
				Country	
6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES P.A. 2832 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name: Alain Robillard Street Address (P.O. Box Number is Not Acceptable) 6770 INDIAN CREEK DR. #40 City: Miami Beach FL Zip: 33141	
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:				DATE: 4-04-06	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUY, TORDJMAN		NAME		
STREET ADDRESS	2753 NE 165 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	N. MAIMI, FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORDJMAN, GUY		NAME		
STREET ADDRESS	2753 NE 164 TERR.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33160		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUKER, STEVEN D		NAME		
STREET ADDRESS	2832 UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBILLARD, ALAIN		NAME		
STREET ADDRESS	6770 INDIAN CREEK DRIVE, APT 4-O		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:				Date: 4-4-06 Daytime Phone #: 305-871401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					