


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90016 021 ***150.00

DOCUMENT # P97000001844

1. Entity Name
TANDEM AVIATION, INC.



Principal Place of Business
**1710 W 40TH STREET
 SUITE 7
 HIALEAH FL 33012
 US**

Mailing Address
**1710 W 40TH STREET
 SUITE 7
 HIALEAH FL 33012
 US**

2. Principal Place of Business
1710 W 40th

3. Mailing Address
1710 W 40th

Suite, Apt. #, etc.
Bay 8

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33012

Country
U.S.A

Zip
33012

Country
U.S.A



MOORE CR2E034 (11/03)

4. FEI Number **65-0734349**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VERDE, SOLANGEL
 6011 WEST 16TH AVE
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **Janexy Del Rio**

Street Address (P.O. Box Number is Not Acceptable)
1710 W 40th Bay 8

City **Hialeah FL** FL Zip Code **33012**

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: *J Del Rio* (NOTE: Registered Agent signature required when reinstating) DATE: **2/3/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARMADA, RAULE	
STREET ADDRESS	1710 W 40TH ST, SUITE 7	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARMADA, RAUL F	
STREET ADDRESS	1710 W 40ST, BAY 8	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul F. Armada	
STREET ADDRESS	1710 W 40th Bay 8	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* DATE: **2/3/04** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR