


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000009305	
1. Entity Name JET AIRCRAFT, INC.	

Principal Place of Business 700 S ROYAL POINCIANA BLVD SUITE: 1000 MIAMI SPRINGS, FL 33166	Mailing Address 700 S ROYAL POINCIANA BLVD SUITE: 1000 MIAMI SPRINGS, FL 33166
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0808074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEPONTES, LEANDRO 700 S ROYAL POINCIANA BLVD SUITE: 1000 MIAMI SPRINGS, FL 33166	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000747242 05/17/07-80018-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEPONTES, LEANDRO 700 S ROYAL POINCIANA BLVD SUITE: 1000 MIAMI SPRINGS, FL 33166
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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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  LEANDRO DEPONTES	25 APR 07	305.888.2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #