2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P97000042037

Entity Name: FLIGHTSTAR AIRCRAFT SERVICES INC.

Current Principal Place of Business:

6025 FLIGHTLINE RD
BLDG 815
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

6025 FLIGHTLINE RD
BLDG 815
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 65-0755718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, THOMAS
218 ALMERIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RIVERA, RAMON
Address: 345 BLAGDON CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: P ( ) Delete
Name: GERARDO, HERNANDEZ
Address: 7442 RIVER RD.
City-St-Zip: CALLAHAN, FL 32011

Title: ST ( ) Delete
Name: BRIZ, JUAN
Address: 1519 SARRIA AVE
City-St-Zip: MIAMI, FL 33146

Title: VP ( ) Delete
Name: THOMAS, SHERMAN
Address: 218 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUAN BRIZ ST 04/02/2008

Electronic Signature of Signing Officer or Director — Date