

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042037

FILED  
Mar 24, 2009  
Secretary of State

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: P (X) Change ( ) Addition  
Name: GERARDO, HERNANDEZ  
Address: 14665 DIAMOND RANCH ROAD  
City-St-Zip: JACKSONVILLE, FL 32234

Title: ST (X) Change ( ) Addition  
Name: BRIZ, JUAN  
Address: 5200 SAN JOSE BLVD. #6  
City-St-Zip: JACKSONVILLE, FL 32207

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: MARK SHUMAN

CFO

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date