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PROFIT CORPORATION ANNUAL REPORT

1999

PRESIDENTIAL JET, INC.

1. Corporation Name



DOCUMENT # P97000068462

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90010 037 ***300.00

	ERIN ERIN OFFIR	

Principal Place	e of Business	Mai	ling Address					(/II 4 4 FB 111 1 41	II A ATTIO HOU KOON	
1515 NW 167TH ST #140 W + 3.5 MIAMI FL 33169 US			1515 NW 167TH ST #110 W ! 🛒 🕿 MIAMI FL 33169				DO NOT WRIT	E IN THIS :	SPACE			
US US								3. Date Incorporated or Qualifed				
							İ	08/05/1997				
2. Principal Place of Business 2			2a. Mailing Address					FEI Number			Applied For	
21		26	26					65-0802419		ı	Vot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired			Additional		
22		27	27				J.	- Cordinate of Cidado Dooriou		Fee f	Required	
City & State		<u> </u>	City & State			1	Election Campaign Financing			May Be		
23		28	· 			····	+	Trust Fund Contribution			d to Fees	
Zip Country			Zip Country				This corporation owes the curre	nt year Inta	лдible □Yes	□No		
24	25 9. Name and Address of Curren	29		30			.1	Personal Property Tax. Name and Address of New Re	A harateine			
	9. Name and Address of Curren	it Kegiste	ereu Ayem		81	Name	10.	Halle alla Audi 055 07 NCW /	ogiotorou r	gont		
JAR\	/IS, JAMES W			L								
	BILTMORE WAY PH-1				82	Street Addre	ess (P.	O. Box Number is Not Acceptat	ole)			
	AL GABLES FL 33134											
				l'	84	City			FL	85 Zip	p Code	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	ı. Such change was aı	thorized	by t	-named corpo the corporation	ration n's bo	n submits this statement for the poard of directors. I hereby accept	ourpose of c	hanging i tment as	its registered registered	
SIGNATURE												
	Signature, typed or printed name of registered agen	nt and title if a	applicable (NOTE:	Registered A	\oent	signature required	when re	einstation)	DATE			
42					<u> </u>							
12.	OFFICERS AN	ID DIREC	TORS	13.		1		ADDITIONS/CHANGES TO OFF				
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CITY-ST-ZIP 14. 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 annual report of supplemental annual 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 control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an atlachment with an address, with all other like empowered.

SIGNATURE: _

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #