## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## DOCUMENT # P97000082496

1. Entity Name

EAGLE JET INTERNATIONAL, INC.



**FILED** Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13200 SW 128TH STREET

SUITE A-1 MIAMI, FL 33186 US 13200 SW 128TH STREET

SUITE A-1

MIAMI, FL 33186



02122007

CR2E034 (11/05)

4. FEI Number 65-0786210 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOINVILLE, STEPHANE 13200 SW 128TH STREET SUITE A-1

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MIAMI, FL 33186			III TIIIO OLAGE		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				required when remarking)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOINVILLE, STEPHANE 13200 S.W. 128 ST., SUITE A-1 MIAMI, FL 33186				
TITLE NAME: STREET ADDRESS CITY-ST-ZIP	D GABOR, RICHARD 13200 SW 128TH ST SUITE A-1 MIAMI, FL 33186				000000680194 04/03/07-80065-024 158.75

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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: <

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

S LEPH QUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoinville