
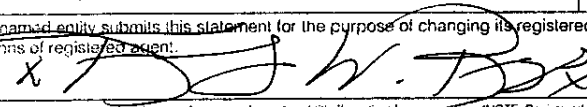
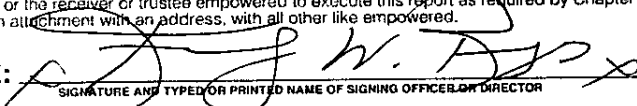


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 004 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|--|--|---|
| DOCUMENT # P97000083203 | |  | |
| 1. Entity Name SANTA FE AVIATION, INC. | | | |
| Principal Place of Business 1020 NW 62 STREET FT. LAUDERDALE, FL 33309 US | | Mailing Address P.O. BOX 81200 ALBUQUERQUE, NM 87198 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 03262004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3492132 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WHITTINGTON, KEELY 1020 NW 62 STREET FT. LAUDERDALE, FL 33309 | | 7. Name and Address of New Registered Agent Name: REYES, KEELY W Street Address (P.O. Box Number is Not Acceptable): 1020 NW 62ND ST City: FT LAUDERDALE FL Zip Code: 33009 | |
| 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:  3 30 04 (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D WHITTINGTON, KEELY P.O. BOX 81200 ALBUQUERQUE, NM 87198 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | D REYES, KEELY W PO BOX 81200 ALBUQUERQUE, NM 87198 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 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:  3 30 04 | | Date Daytime Phone # | |