


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000083203**  
 1. Entity Name  
**SANTA FE AVIATION, INC.**



Principal Place of Business      Mailing Address  
**1020 NW 62 STREET**      **P.O. BOX 81200**  
**FT. LAUDERDALE, FL 33309 US**      **ALBUQUERQUE, NM 87198 US**



03302005    No Chg-P    CR2E034 (10/03)

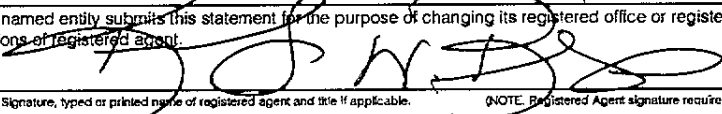
**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3492132**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REYES, KEELY W**  
**1020 NW 62ND STREET**  
**FORT LAUDERDALE, FL 33309**

**DO NOT WRITE IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

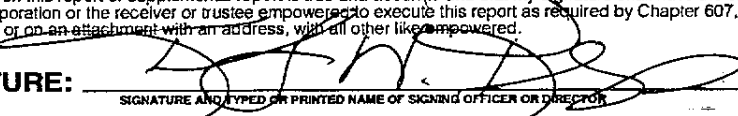
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REYES, KEELY W
STREET ADDRESS	P.O. BOX 81200
CITY-ST-ZIP	ALBUQUERQUE, NM 87198
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000357388  
 05/04/05-80073-012 150.00

**DO NOT WRITE IN THIS SPACE**

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:       Date      Daytime Phone #