


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90043 038 \*\*\*150.00

**DOCUMENT # P97000107463**

1. Entity Name  
**AIRCRAFT MAINTENANCE & CONSULTING CORP.**



Principal Place of Business 12950 SW 128 STREET UNIT 2 MIAMI, FL 33186	Mailing Address 12950 SW 128 STREET UNIT 2 MIAMI, FL 33186
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**94033113**



2. Principal Place of Business <b>10847 SW 188 ST</b>	3. Mailing Address <b>10847 SW 188 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State <b>MIAMI, FL.</b>	City & State <b>MIAMI, FL</b>
Zip <b>33157</b> Country <b>US</b>	Zip <b>33157</b> Country <b>US</b>

4. FEI Number <b>65-0800847</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
TINOCO, ANGEL D 12950 SW 128 STREET UNIT 2 MIAMI, FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$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	<b>D</b> TINOCO, ANGEL D 12950 SW 128 STREET, UNIT 2 MIAMI, FL 33186 <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 affidavit of authority and empowerment.

SIGNATURE:  **3/15/04** **305 254 6006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #