2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90197 045 ***150.00

DOCUMENT # P97000107463 AIRCRAFT MAINTENANCE & CONSULTING CORP. Mailing Address Principal Place of Business 50036806 10847 SW 188 ST. 10847 SW 188 ST. IINIT 2 MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04082005 Chq-P Applied For City & State 4. FEI Number City & State Not Applicable 65-0800847 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name TINOCO, ANGEL D Street Address (P.O. Box Number is Not Acceptable) 12950 SW 128 STREET UNIT 2 MIAMI, FL 33186 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete □ Addition TITLE ☐ Change TITLE TINOCO, ANGEL D NAME NAME STREET ADDRESS 12950 SW 128 STREET, UNIT 2 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete · · ☐ Change ☐ Addition TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP bled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information of sport is true and appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplement

of the corporation or the receive changed, or on an attacking

SIGNATURE

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #