


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

3/ **FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90063 007 \*\*\*150.00

**DOCUMENT # P97000107463**

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



Principal Place of Business      Mailing Address  
**10847 SW 188 ST.**      **10847 SW 188 ST.**  
**MIAMI, FL 33157.**      **MIAMI, FL 33157**

**66005910**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02272008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-0800847**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**TINOCO, ANGEL D**  
**10847 SW 188 ST**  
**MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits its application 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:  **ANGEL D. TINOCO, President**      **3/5/08**

(NOTE: Registered Agent signature required on this certificate.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TINOCO, ANGEL D	10847 SW 188 STREET	MIAMI, FL 33157	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			<b>33157</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 authorized 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, with all other like employment.

SIGNATURE:       **4/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #