

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90065 004 ***150.00

DOCUMENT # P98000011162

1. Entity Name
ANGEL AVIATION, INC.



Principal Place of Business

901 INTRACOASTAL DR
306
FT. LAUDERDALE, FL 33304

Mailing Address

901 INTRACOASTAL DR
306
FT. LAUDERDALE, FL 33304

40104123



03282007 Chg-P CR2E034 (12/06)

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

801 NE 18 CT
306

3. Mailing Address

801 NE 18 CT
306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT LAUD, FL

Zip
33305

Country
US

Zip
33305

Country
US

4. FEI Number
65-0811521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL
901 INTRACOASTAL DR #3
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

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

801 NE 18 CT, # 306

City

FT LAUDERDALE

FL

Zip Code

33306

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

Michael E. Smith, PRESIDENT

4-30-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
P
SMITH, MICHAEL E
901 INTRACOASTAL DR #3
FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
801 NE 18 CT, #306
FT LAUDERDALE, FL 33305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Michael E. Smith, MICHAEL E. SMITH

Date

Daytime Phone #