

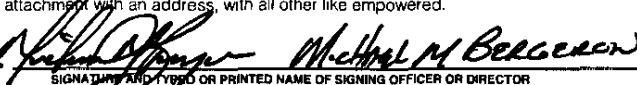


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91049 048 \*\*\*150.00

<b>DOCUMENT # P98000034840</b> 1. Entity Name <b>LONESTAR PILOT SERVICES AND AIRCRAFT MANAGEMENT, INC.</b>					
Principal Place of Business <b>1085 NE 32ND STREET FORT LAUDERDALE, FL 33334</b>			Mailing Address <b>1085 NE 32ND STREET FORT LAUDERDALE, FL 33334</b>		
2. Principal Place of Business <b>11224 59TH St North</b> Suite, Apt. #, etc.		3. Mailing Address <b>11224 59TH St North</b> Suite, Apt. #, etc.			
City & State <b>Royal Palm Beach</b> Zip <b>33411</b> Country <b>USA</b>		City & State <b>Royal Palm Beach FL</b> Zip <b>33411</b> Country <b>USA</b>		4. FEI Number <b>65-0831449</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MENDELSON, VICTOR 3467 W. HILLSBORO BLVD #4 DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERGERON, MICHAEL M</b> <b>1085 N.E. 32ND STREET</b> <b>OAKLAND PARK, FL 33334</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BERGERON, MIRTHA C</b> <b>1085 NE 32ND STREET</b> <b>FORT LAUDERDALE, FL 33334</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE 		
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/23/04</b> Daytime Phone # <b>954-347-8148</b>		