

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90037 042 \*\*\*150.00

**DOCUMENT # P98000054635**

1. Entity Name  
**TAMIAMI AIRCRAFT SERVICES CORP.**



Principal Place of Business

**14832 SW 139 PLACE  
MIAMI, FL 33186 US**

Mailing Address

**14832 SW 139 PLACE  
MIAMI, FL 33186 US**

**50008057**



2. Principal Place of Business

**14150 SW 129 Street**

3. Mailing Address

**14150 SW 129 Street**

Suite, Apt. #, etc.

**Bay 106**

Suite, Apt. #, etc.

**Bay 106**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33186**

Country

**USA**

Zip

**33186**

Country

**USA**

01212005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0898526**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAPOTE, JOSE G  
14832 SW 139TH PLACE  
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

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

**14150 SW 129 Street Bay 106**

City

**Miami**

FL

Zip Code

**33186**

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)

**1/24/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CAPOTE, JOSE G**  
STREET ADDRESS **14832 SW 139TH PLACE**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **14150 SW 129 Street Bay 106**  
CITY-ST-ZIP **Miami, FL 33186**

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

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

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

*Jose G Capote*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/05 305-278-2279**  
Date Daytime Phone #