

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000066778

1. Entity Name
AIR CHARTER PROFESSIONALS INC.



Principal Place of Business
**14200 NW 42ND AVE
OPA LOCKA, FL 33054**

Mailing Address
**14200 NW 42ND AVE
OPA LOCKA, FL 33054**



07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0855142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FROST, CRAIG
14200 NW 42ND AVE
OPA LOCKA, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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
FROST, CRAIG
14200 NW 42ND AVE
OPA LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V-SE
FROST, REBECCA
14200 NW 42ND AVE
OPA LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000575360
08/28/06-80003-001 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

Craig Frost

CRAIG FROST

8/22/06

305-775-9695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #