## May 06, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P98000070959** 05-06-2003 90037 042 \*\*\*150.00 1. Entity Name AERO TRUCKING, CORP. Principal Place of Business Mailing Address 10950 CREENMAY ROAD 10960 GREENWAY ROAD 90130859 NAPLES, FL 34114 NAPLES, FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0858377 Not Applicable ΖIp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GINORIS: JORGE 10960 GRENNWAY ROAD Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34114 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registanted Agent Signature required when reinstating) DATE FILE NEWHIT FEE IS \$150 (0) After May 1, 2003 Fee will be \$560 (0) Check Payable to Florida (Jepantheon of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/02) TITLE ☐ Change Addition TITLE ☐ Delete GINORIS, JORGE HILL MALIE STREET ADDRESS 10960 GREENWAY ROAD STREET ADDRESS NAPLES, FL 34114 CITY-ST-ZP CITY-ST-2IP TOLE ☐ Delete ☐ Change Addition HAVE **GINORIS, LOURDES** NALE 10960 GREENWAY ROAD STREET ADDRESS STREET ADDRESS NAPLES, FL 34114 CITY-ST-21P CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS City-St-28 City-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP TITLE ☐ Detete TRIF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-57-21P

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

SIGNATURE

Lourdes Ginoris

FILED