

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082118

FILED
Jan 20, 2004
Secretary of State

Entity Name: SAFIRE AIRCRAFT COMPANY

Current Principal Place of Business:

15001 NW 42ND AVE
BLDG. 47
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

15001 NW 42ND AVE
BLDG. 47
MIAMI, FL 33054 US

New Mailing Address:

FEI Number: 65-0864569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. - 43RD FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARGARITOFF, MICHAEL
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: D () Delete
Name: MARGARITOFF, DIMITRI
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: D () Delete
Name: MARGARITOFF, ALEXANDER
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: D () Delete
Name: CORREA, MIGUEL D
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: V (X) Delete
Name: FURNISH, JOSEPH
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: PCEO (X) Delete
Name: SALOMON, CAMILO A
Address: 15001 NW 42ND AVE, BLDG. 47
City-St-Zip: MIAMI, FL 33054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: SALOMON, CAMILO A
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELFEN, MARCEL
Address: 15001 NW 42ND AVE, BLDG 47
City-St-Zip: MIAMI, FL 33054 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILO SALOMON

○

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date