2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000087499

1. Entity Name

i. Entity Mam	е		Land Land			
MIAMI AIRCRAFT BOROSCOPING, INC.				04-21-2004 90095 006 ***150.00		
Principal Plac	e of Business	Mailing Address				
13651 S.W. 17TH COURT MIRAMAR FL 33027		13651 S.W. 17TH COURT MIRAMAR FL 33027				
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2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State	9	City & State		4. FEI Number 65-0869616 Applied For Not Applicable		
Zip	Country	Zip	Country	S. Certificate of Status Desired		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
	المناف ال	ر المنظام المن المنظام المنظام المنظا	Name	in the second of		
NAVARRO, NELSON 13651 S.W. 17TH COURT			Street Adda	Street Address (P.O. Box Number is Not Acceptable)		
	AMAR FL 33027					
		_	City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
5093						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating) DATE		
F	ILE NOW!!! FEE IS \$150.00	New decay (P) Salation (P) (P)				
. Afte	r May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
"数据的是公司的政治等的。在第	k Payable to Florida Department o	Transfer to an	T.,	ACCITION OF TO OFFICE DO AND DISCOTORS IN 44		
TITLE	OFFICERS AND	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	NAVARRO, NELSON	L Delete	NAME	. Crange C Adultion		
STREET ADDRESS	13651 S.W. 17TH COURT		STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP			
TITLE		☐ Delete	THILE	Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	,		CITY-ST-ZIP			
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NAME			NAME			
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME			NAME			

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 an address with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CiTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition

Change

FILED

Apr 21, 2004 8:00 am Secretary of State