

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90129 017 ***150.00

40081334



04282005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0916035** Applied For Not Applicable

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

DOCUMENT # P99000021248
 1. Entity Name
AIRCRAFT TECHNICAL SUPPORT, INC.



Principal Place of Business
**7925 NW 12TH STREET
 STE 324
 MIAMI, FL 33126**

Mailing Address
**7925 NW 12TH STREET
 STE 324
 MIAMI, FL 33126**

2. Principal Place of Business
7955 NW 12TH STREET
 Suite, Apt. #, etc.
SUITE 400
 City & State
DORAL, FL

3. Mailing Address
7955 NW 12TH STREET
 Suite, Apt. #, etc.
SUITE 400
 City & State
DORAL, FL

Zip **33126** Country **USA**

Zip **33126** Country **USA**

6. Name and Address of Current Registered Agent
MACHLAH, AMER
7925 NW 12TH STREET
STE 407
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
AMER MACHLAH
 Street Address (P.O. Box Number is Not Acceptable)
7955 NW 12TH STREET
SUITE 400
 City **DORAL** State **FL** Zip Code **33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACHLAH, AMER 7925 NW 12TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMER MACHLAH 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____