


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90314 026 \*\*\*150.00


<b>DOCUMENT # P99000028435</b>	
1. Entity Name <b>AEROMAX INSURANCE SERVICE, INC.</b>	

Principal Place of Business <b>1254 S. JOHNS YOUNG PKWY SUITE A KISSIMMEE FL 34741</b>	Mailing Address <b>1254 S. JOHNS YOUNG PKWY SUITE A KISSIMMEE FL 34741</b>
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2. Principal Place of Business <b>737 PINCON LN Kissimmee FL</b>	3. Mailing Address <b>737 PINCON LN Kissimmee FL</b>
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City & State <b>Kissimmee FL</b>	City & State <b>Kissimmee FL</b>
Zip <b>34759</b>	Country <b>06ce01A</b>
Zip <b>34759</b>	Country <b>06ce01A</b>

**34040000**

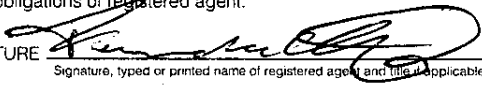


MOORE CR2E034 (11/03)

4. FEI Number <b>59-3567214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>OQUENDO, FERNANDO 1812 #104 S. PARSONS AVE SEFFNER FL 33584</b>	Name <b>FERNANDO - OQUENDO - JR</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>737 PINCON LN</b>
	City <b>Kissimmee FL</b> Zip Code <b>34759</b>

**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 **4-7-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>OQUENDO, FERNANDO</b> <b>737 PINCON LN.</b> <b>KISSIMMEE FL 34759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>OQUENDO, MADELYN</b> <b>737 PINCON LN.</b> <b>KISSIMMEE FL 34759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:  (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **4-7-04** DAYTIME PHONE # **407-483-0274**