FOR PROFIT CORPORATION 67 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 699 - 70384

1. Entity Name

JET EQUIPMENT TRADING CO.



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SECRETARY OF STATE TALLAHASSEE FLORIDA

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2. Principal Place of Business 3711 SW 47TH AVE.			3. Mailing Address _3711 SW 47 TH AVE.			08/19/0301042010 **150.00			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
SUITE 202			SUITE 202						
City & State			City & State			El Number	_	Applied For	<u> </u>
<u></u> _D	DAVIE, 1		DAVIE,	,	<u>· · # (</u>	65-093936	<u> 21</u>	Not Applicabl	е
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				City .	POMPAN	O BEACH	FL	Zip Code 33069	
			or the purpose of changing its	registered office of	r registered age	ent, or both, in the State of F	lorida. I am fam	iliar with, and accept	
the obligat	tions of registe	izovanjenik.							- }
SIGNATURE						When reinstating)			
		printed same or registered agent	t and title if applicable. (NOT	E: Registered Agent signat	ure required when re	nstating)	DATE		
Jan	nuary 1 - Ma After May 1	y 1 Fee is \$150.00 Fee is \$550.00				9. Election Campaign F	nancing	\$5.00 May Be	1
	Amended	UBR is \$61.25				Trust Fund Contribution		Added to Fees	
	Payable to	Florida Department o						· · · · · · · · · · · · · · · · · · ·	
10.	7-0-1	OFFICERS AND	DIRECTORS	1. 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	T	generalistica (p. 1818) propied (p. 1818). S	化磁磁管制制管接	PATE A STATE OF THE STATE OF T	4
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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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-03

Daytime Phone #

Phone #