

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000078361

1. Entity Name
INTEGRATED AEROSPACE, INC.



Principal Place of Business
225 NE MIZNER BLVD, 7TH FL
BOCA RATON, FL 33432

Mailing Address
225 NE MIZNER BLVD, 7TH FL
BOCA RATON, FL 33432



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KLEIN, PETER W
STREET ADDRESS	225 NE MIZNER BLVD, 7TH FL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DCOB
NAME	MORAN, MICHAEL E
STREET ADDRESS	225 NE MIZNER BLVD, 7TH FL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DPCE
NAME	SILK, MARK J
STREET ADDRESS	2040 E DYER ROAD
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	VPT
NAME	WEIMER, ROBERT
STREET ADDRESS	2040 E DYER ROAD
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	VD
NAME	WANDOFF, RICHARD J
STREET ADDRESS	225 NE MIZNER BLVD 7TH FLOOR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	AS
NAME	WEBSTER, JULIE A
STREET ADDRESS	225 NE MIZNER BLVD 7TH FLOR
CITY-ST-ZIP	BOCA RATON, FL 33432

000000012183
01/23/04-30068-013 USD.00

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IN THIS SPACE**

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

1.9.2004 561.750.2000

Date

Daytime Phone #