2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P99000088315 04-29-2005 90217 011 ***150.00 TRINITY AIR LEASING, INC. Principal Place of Business Mailing Address 406 ANNEX, OPA LOCKA AIRPORT OPA LOCKA FL 33054 406 ANNEX, OPA LOCKA AIRPORT OPA LOCKA FL 33054 14000 2. Principal Place of Business 3. Mailing Address 51 N.W. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number 65-0988379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PITTER, CARL S BIG LOTS PLAZQ Street Address (P.O. Box Number is Not Acceptable) 7435 N.W. 57TH AVE TAMARAC FL 33319 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPT ☐ Delete TITLE ☐ Change Addition BROWN, PRISCILLA S NAME NAME 12861 SW 65TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP Defete D TITLE Change ☐ Addition TITLE BROWN, TAMARIA E NAME NAME 12861 SW 65TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP ☐ Dolete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attantinent with an address, with all other like empowered.

FILED

4.25-2005

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