

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000097742

1. Entity Name
GLOBAL JET INDUSTRIES, INC.



Principal Place of Business
7800 W. OAKLAND PARK BLVD.
BLDG. G
SUNRISE, FL 33351

Mailing Address
7800 W. OAKLAND PARK BLVD.
BLDG. G
SUNRISE, FL 33351

FILED
06 APR 27 AM 11:19
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0959806
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS ESQ.
17 SOUTHEAST 24TH AVENUE
POMPANO BEACH, FL 33062

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CRUCHET, JACQUES 7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800074149258
05/08/06--01015--016 **300.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

REJEAN LAPIERRE

Date

4/26/06

Daytime Phone #

954-744-8802