


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109761 1. Entity Name AIRFRAME CONSULTANTS, INC.	
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Principal Place of Business 11941 SOUTHWEST 43RD STREET MIAMI, FL 33175	Mailing Address 11941 SOUTHWEST 43RD STREET MIAMI, FL 33175
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02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0968985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DOMINGUEZ, RODOLFO J
11941 SOUTHWEST 43RD STREET
MIAMI, FL 33175**

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, 2005 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	PD DOMINGUEZ, RODOLFO J 11941 SOUTHWEST 43RD STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DOMINGUEZ, OLGA T 11941 SOUTHWEST 43RD STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/05-80063-009 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

4-21-05 305-223-7628