


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-08-2004 90015 012 ***150.00

DOCUMENT # S89717	
1. Entity Name QUALITY AIRCRAFT SERVICES, INC.	

Principal Place of Business 7500 NW 25TH ST STE 215 MIAMI, FL 33122 US	Mailing Address 7500 NW 25TH ST STE 215 MIAMI, FL 33122 US
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66414374



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0293090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COOPER, CLARENCE 1249 NW 51 ST MIAMI, FL 33142	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ASUP COOPER, CLARENCE 1249 NW 51ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ASUP SIMMONS, JOHNNIE 1360 NW 43RD ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEP DIRECTOR / SECRETARY ASUP WRIGHT, ARTHUR JR 2400 NW 99TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ASUP BROWN, AMOS 2620 NW 82ND ST MIAMI, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ASUP Rico, Constantino 210 NW 87Ave #L222 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

SIGNATURE: Arthur P. Wright **4-5-04** **305-406-2938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #