2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005
Secretary of State

DOCUMENT# S89717

Entity Name: QUALITY AIRCRAFT SERVICES, INC.

Current Principal Place of Business:

7500 NW 25TH ST
STE 215
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

7500 NW 25TH ST
STE 215
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 65-0293090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, CLARENCE
1249 NW 51 ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COOPER, CLARENCE,
Address: 1249 NW 51ST STREET
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: SIMMONS, JOHNNIE
Address: 1360 NW 43RD ST
City-St-Zip: MIAMI, FL 33142

Title: DST ( ) Delete
Name: WRIGHT, ARTHUR,
Address: 2400 NW 99TH STREET
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: BROWN, AMOS
Address: 2620 NW 82ND ST
City-St-Zip: MIAMI, FL 33417

Title: D ( ) Delete
Name: RICO, CONSTANTINO
Address: 210 NW 87AVE #L222
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE COOPER D 05/17/2005

Electronic Signature of Signing Officer or Director Date