


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90223 032 \*\*\*150.00

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # V21679</b><br>1. Entity Name<br><b>ALL AIRCRAFT, INC.</b>  |   |    |  |
| Principal Place of Business<br><b>4501 N.W. 103RD AVENUE<br/>#104<br/>SUNRISE, FL 33351</b>  |   | Mailing Address<br><b>4501 N.W. 103RD AVENUE<br/>#104<br/>SUNRISE, FL 33351</b>   |  |
| 2. Principal Place of Business<br><b>4807 NE 11 AVE</b>  |   | 3. Mailing Address<br><b>4807 NE 11 AVE</b>   |  |
| Suite, Apt. #, etc.<br><b>OAKLAND PARK</b>   |   | Suite, Apt. #, etc.<br>   |  |
| City & State<br><b>OAKLAND PARK, FL</b>  |   | City & State<br><b>OAKLAND PARK FL</b>  |  |
| Zip<br><b>33334</b>  | Country<br><b>USA</b>   | Zip<br><b>33334</b>   | Country<br>  |
| 4. FEI Number<br><b>65-0392185</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FALLS, MICHAEL<br/>4501 NW 103RD AVENUE<br/># 104<br/>SUNRISE, FL 33351</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4807 NE 11 AVE</b><br><br>City<br><b>OAKLAND PARK FL</b> Zip Code<br><b>33334</b> |  |
| 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 re-registering) DATE _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>FALLS, MICHAEL B.<br>4501 NW 103 RD AVENUE # 104<br>SUNRISE, FL 33351 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PS<br>FALLS, MICHAEL B<br>130 S.E. 14TH AVE<br>BOYUTON BEACH, FL 33435       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | 5/11/05 954-552-7561<br><small>Date Daytime Phone #</small>   |  |

**50052219**



05112005 Chg-P CR2E034 (10/03)