

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V26018

1. Entity Name
APT AVIATION, INC.



Principal Place of Business

1100 DIPLOMAT PKWY
HOLLYWOOD, FL 33019 US

Mailing Address

1100 DIPLOMAT PKWY
HOLLYWOOD, FL 33019 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0322460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLOUCHA, L.M.
1946 TYLER ST
HOLLYWOOD, FL 33020

**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 _____

**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	DP PLOUCHA, L.M. 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHLAFY, FRED E 13250 SW 97 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TIRADO, VINCENT 18601 SW 210TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FURGANG, FRED 12824 SW 108TH AVENUE MIAMI, FL 331765404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000011661
01/23/04-80047-012 150.00

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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

L M PLOUCHA

1/12/04

954-925-5501

Date

Daytime Phone #