


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # V26018 1. Entity Name APT AVIATION, INC.	
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Principal Place of Business 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019 US	Mailing Address 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019 US
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0322460	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLOUCHA, L.M.
100 SE 3RD AVENUE
STE 1400
FORT LAUDERDALE, FL 33394

**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 _____
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, 2007 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHLAFLY, FRED E 13250 SW 97 TERRACE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BATTLE, TIMOTHY A 10061 S W 57 COURT PINECREST, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FURGANG, FRED 12824 SW 108TH AVENUE MIAMI, FL 331765404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/17/07-80089-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L.M. PLOUCHA **1/4/2007** **954-925-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #