


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**


02-11-2004 90202 001 \*\*\*150.00  
02-11-2004 90202 002 \*\*\*\*\*8.75

<b>DOCUMENT # V36644</b>	
<b>1. Entity Name</b> DIVERSIFIED AVIATION SERVICES, INC.	

<b>Principal Place of Business</b> 6043 NW 167TH ST, SUITE A14 MIAMI FL 33015 US	<b>Mailing Address</b> 6043 NW 167TH ST, SUITE A14 MIAMI FL 33015 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**00401730**



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0334728	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> GIRARD, MADAI C 3861 SW BIMINI CIR. STUART FL 34996
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<b>7. Name and Address of New Registered Agent</b>
Name MADAI C. GIRARD
Street Address (P.O. Box Number is Not Acceptable) 14311 Sabal Dr.
City Miami Lakes FL Zip Code 33014

**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 \_\_\_\_\_

<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRARD, GARY I 3861 SW BIMINI CIR. PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIRARD, MADAI C 3861 SW BIMINI CIR. PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14311 Sabal Dr. Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14311 Sabal Dr. Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:**  **2-2-04 305 828-2559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #