

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90186 049 \*\*\*150.00

**DOCUMENT # V72510**

1. Entity Name  
**PINNACLE AIRCRAFT LEASING, INC.**



Principal Place of Business  
**633 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US**

Mailing Address  
**7840 NW 67 ST  
MIAMI, FL 33166 US**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0363217**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HOCKMAN, PETER  
633 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

**HOCKMAN, PETER  
550 BILLTMOOREWAY  
#780  
CORAL GABLES, FLA  
33134**

**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

*Peter Hockman* **PETER HOCKMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/04**

**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 BRYAN, JAMES A., JR. 7840 NW 67TH ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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, and all other information.

**SIGNATURE:**

*James A. Bryan Jr*  
**JAMES A. BRYAN JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/2004**  
Date

**(305) 591-9911**  
Daytime Phone #