


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 08:00 AM
Secretary of State


DOCUMENT # P05000031453

1. Entity Name
 AVIATION RESOURCE GROUP, INC.



Principal Place of Business 1100 LEE WAGENER BLVD JET CENTER STE 311 FT LAUDERDALE, FL 33315 US	Mailing Address 1100 LEE WAGENER BLVD JET CENTER STE 311 FT LAUDERDALE, FL 33315 US
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DO NOT WRITE IN THIS SPACE



06042008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1663576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAKIC, MILAN
 1100 LEE WAGENER BLVD JET CENTER
 STE 311
 FT LAUDERDALE, FL 33315

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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)

U00000955475
 07/17/08 80006-017 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKIC, MILAN 3675 N COUNTRY CLUB DR #1103 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ Date: 07/17/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR