2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000059164

Entity Name: NORTH FUROPEAN INSTITUTE OF AVIATION FL. INC.

FILED Sep 23, 2009 Secretary of State

Littly Na	ille. NORTH	LOROPLAN INSTITUTE OF A	VIATION FL. INC.			
Current Principal Place of Business:				New Principal Place of Business:		
	T STREET KE PINES, FL	33026	% PELIC	1601 SW 75TH AVENUE % PELICAN FTC PEMBROKE PINES, FL 33023		
Current M	lailing Addres	s:	New Mai	New Mailing Address:		
	FT STREET KE PINES, FL	33026	% PELIC	1601 SW 75TH AVENUE % PELICAN FTC PEMBROKE PINES, FL 33023		
FEI Number	: 26-2847325	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name an	d Address of Ne	w Registered Agent:	
10452 TAF PEMBRON The above	L, DENNIS FT STREET KE PINES, FL named entity s e of Florida.	33026 US submits this statement for the p	ourpose of changing	ı its registered offi	ce or registered agent, or bo	oth,
SIGNATU						
OFFICER	S AND DIREC	iic Signature of Registered Age TORS:		NS/CHANGES T	Date O OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	ANDERSSON, 10452 TAFT ST		Title: Name: Address: City-St-Zip:	ANDERSSON, PA 1601 SW 75TH A	VENUE	
Title: Name: Address: City-St-Zip:	HUGDAHL, DEI 10452 TAFT ST		Title: Name: Address: City-St-Zip:		hange()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TOMMERVAG, S\ 1601 SW 75TH A	VENUE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	KROGE, MORTEN 4430 BOTANTICA	L PL CIR APT 404	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () C DE JAGER, JORF 1601 SW 75TH A' PEMBROKE PINE	VENUE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HUGDAHL	STD	09/23/2009
SIGNATURE. DENINIS HUGDAHL	91D	