2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107643

Address:

City-St-Zip:

3866 WOODSWALK BLVD

LAKE WORTH, FL 33467

Entity Name: BROWARD AVIATION SERVICES INC.

FILED Mar 24, 2009 Secretary of State

y	mer brown	(B) / (VI/ (TIOTA GET (VIOLO II 40)				
Current Principal Place of Business:				New Principal Place of Business:		
5445 NW 24 STREET				5445 NW 24 STREET		
BLDG B MARGATE, FL 33063				UNIT 1 MARGATE, FL 33063		
Current Mailing Address:				New Mailing Address:		
5445 NW 24 STREET BLDG B MARGATE, FL 33063			UN	5445 NW 24 STREET UNIT 1 MARGATE, FL 33063		
	: 65-0895218	FEI Number Applied For()		Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
AMATY, DENNIS 5445 NW 24 STREET BLDG B MARGATE, FL 33063 US The above named entity submits this statement for the purpose of				AMATY, DENNIS 5445 NW 24 STREET UNIT 1 MARGATE, FL 33063 US		
	e of Florida.	submits this statement for the p	ourpose of cha	anging its registered	office of registered agent, or both,	
SIGNATURE: DENNIS AMATY					03/24/2009	
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () MURRAY, JAME 5366 N SPRING CORAL SPRING	SS WAY			() Change () Addition	
Title: Name: Address: City-St-Zip:	PINE, TIM 2632 NE 26TH	Delete AVE. POINT, FL 33064			() Change () Addition	
Title: Name:	VP () AMATY, DENNI	Delete S	Title Nam	•	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DENNIS AMATY VP 03/24/2009