

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000057559

1. Entity Name
ALOHA AVIATION OF SOUTH FLORIDA INC.



Principal Place of Business
2940 NORTH COURSE DRIVE 201
POMPAÑO BEACH, FL 33069 US

Mailing Address
2940 NORTH COURSE DRIVE 201
POMPAÑO BEACH, FL 33069 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0696867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALIN, STEPHEN
2940 NORTH COURSE DRIVE
201
POMPAÑO BEACH, FL 33069

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
P
LURVEY, STEVEN N
3406 BARTON ROAD
POMPAÑO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MALIN, STEPHEN
2940 NORTH COURSE 201
POMPAÑO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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U00000357721
05/04/05-80085-021 158.75

**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)(f), 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: *Stephen Malin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2005

Date

Daytime Phone #

9544899681