

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 017 ***158.75

DOCUMENT # 857383

1. Entity Name
Commodore Aviation Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4900 NW 36 STREET

Suite, Apt. #, etc.

3. Mailing Address
PO Box 661078

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
13-2985551

Applied For
Not Applicable

Zip *33142* Country
USA

Zip *33266* Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BONNER, R. LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND STREET

34TH FLOOR FIRST UNION FINANCIAL CENTER

City *MIAMI* **FL** Zip Code *33131*

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P REINHERZ, JOSEPH 4900 NW 36 ST. BLD 25 MIAMI FL 33142</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>A GOLDENBERG, AHARON BEN GurION INT AIRPORT LONDON</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO LEITNER, GIORA 4900 NW 36 STREET MIAMI FL 33142</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CD ARZI, DAVID BEN GurION INT AIRPORT LOD IS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S MEYER, MAYA 50 WEST 23 STREET NEW YORK, NY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D SISSING, B 4740 E SUNRISE DR, STE 382 TUCSON, AZ</i>

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Giora Leitner* **5/1/2006** **(305) 869-1923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #