


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 011 ***150.00

DOCUMENT # F02000003267 1. Entity Name GM AVIATION, INC.	
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DO NOT WRITE IN THIS SPACE

10062790

2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.	3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0019366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	James M. Meyer, Esq.
Street Address (P.O. Box Number is Not Acceptable)	701 Brickell Avenue Suite 1650
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. I am familiar with, and accept the obligations of registered agent.

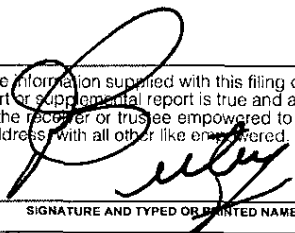
SIGNATURE  DATE 4/7/2003

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS Meyer, James M. 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	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 exemption stated in Section 119.07(3)(j), 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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like entities.

SIGNATURE:  MARCH, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)