2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # H59176 e AVIATION, INC.						Secretary of State	
6187 NW 16	e of Business NATION, INC. 17TH ST., UNIT H-16 ES FL 33015	Mailing Address % MICHAEL E. JOHNSON 9100 ANDORA DR. MIRAMAR FL 33025						
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc	Suite. Apt. #, etc.					MOORE	
City & Stati	Q	City & State				4. {	FEI Number 59-2542086 Applied For Not Applicable	
Zip	Country	Zip		Coun	itry	5. (Cerblicate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Register	ed Agent	·	Name	7.	Name and Address of New Registered Agent	
	INSON, MICHAEL E.				200 (B.O. 5	Pay Ni where is Not Accountable)		
	0 ANDORA DR. AMAR FL 33025				Street Address (P.O. Box Number is Not Acceptable)			
					City		Zip Code	
B. The above	named entity submits this statemen	t for the our	nase of changing its	register	ed office or rea	istered ad	gent, or both, in the State of Florida. I am familiar with, and accep	
	ions of registered agent.			Ü				
SIGNATURE.	Signature, typed or printed name of registered ag	ont and title if an	plicable (NOT	E Registere	d Agent signature re	quired when n	oinsigney DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 c Payable to Florida Department						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AI	ND DIRECTO	ORS	11.		ΑΣ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME SIREFT ADDRESS CITY-SI-ZIP	DP JOHNSON, MICHAEL E. 9100 ANDORA DRIVE MIRAMAR FL		☐ Delete				☐ Change ☐ Additio U00000034181 02/05/04-80072-020 158.75	
TITLE NAME			☐ Delete	THE	}		☐ Change ☐ Additio	
STREET ADDRESS CITY-ST-ZIP					FET ADORESS -ST-ZIP			
TITLE NAME			☐ Defete	TSTL NAM	1		☐ Change ☐ Additio	
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BILE			☐ Defete	RIL			☐ Change ☐ Additio	
NAME STREET ADDRESS				nan Stri	IE EET ADDRESS			
CITY-ST-ZIP				CUA	'-ST-ZIP			
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STREET ADDRESS				STR	EET ADDRESS			
CITY-ST-ZIP		_			'-ST-ZIP		D Change D Addition	
TITLE NAME	ì		☐ Delete	TITE MAN	}		☐ Change ☐ Additio	
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP	certify that the information symptod	with this filling	a does not qualify fo		motion stated	in Section	119 07(3Vi). Florida Statutes, I further certify that the information	
indicated of the co- changed	of on this report or supplemental report rooration or the receiver or trustee el or on an attachment with an address	mpowered to ss, with all of	acourate and that perecute this repor ther like empowered	my signa t as requ i.	iture shall have ired by Chapte	the same 607, Flor	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath, that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 is	
SIGNAT	TURE Mishaul	4				1-	30-04 305-828-2012	

1-30-04 305-828-2012

Date Continue Propert