

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90004 041 ***150.00

DOCUMENT # H87847 1. Entity Name A.M.J. AVIATION CORP.					
Principal Place of Business 1170 LEE WAGENER BLVD. STE 105 FT. LAUDERDALE FL 33315			Mailing Address P.O. BOX 170788 HIALEAH FL 33017-0788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2630964 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WURZBURGER, JOHN 10205 COLLINS AVE MIAMI FL 33154			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ANDERSON, JORDAN 1170 LEE WAGENER BLVD. #105 FT. LAUDERDALE FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JORDAN, MARCIA I 1170 LEE WAGENER BLVD # 105 FT. LAUDERDALE FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CS ISLES, HERMINA 13315 NW 17 CT MIAMI FL 33167	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2-24-05 954 559-0080 Date Daytime Phone	