## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 08:00 AN Secretary of State

| ANNOAL REFORE   |   |  |                               | <del></del> -1                      | Secretary of St                                   |   |  |
|---|---|--|-------------------------------|-------------------------------------|---|---|--|
| 1. Entity Nan   | MENT # H87947  VIATION CORP.  |  |                               |                                     | 56  | cretary or St   |  |
| 1170 LEE W<br>STE 105   | ce of Business<br>PAGENER BLVD.<br>DALE, FL 33315   | Mailing Address<br>P.O. BOX 170786<br>HIALEAH, FL 33017-0786 |                               | f ( <b>8 1 1 1</b> 1 ) <b>2</b> ( 1 | 1   | RAN ARAN BARKANAN AND KANDINAN KANDI                                      |  |
| DO NOT WRITE IN THIS SPA  |   |  | CE                            | 01052008<br>4. FEI Nomb<br>59-263   | No Chg-P C  | R2E034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent ANDERSON, JORDAN 18925 SW 33RD CT MIRAMAR, FL 33029   |   |  | DO NOT WRITE<br>IN THIS SPACE |                                     |   |   |  |
|   | named entity submits this statement for the tions of registered agent.  Springer typed or posted for a of registered agent according                              |  |                               | stered agent, or bo                 |   | Lam familia: with, and accept   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution  |   |  | neing                         | \$5.00 May Be<br>Added to Fees      | 5.00 May Be                                       |   |  |
| 10.  IIILE NAME STREET ADDRESS CITY- ST-ZIP THLE NAME STREET ADDRESS CITY- ST-ZIP THRE NAME | OFFICERS AND DIR P ANDERSON, JORDAN 1170 LEE WAGENER BLVD. #105 FT. LAUDERDALE, FL 33315 VP JORDAN, MARCIA I 1170 LEE WAGENER BLVD # 105 FT. LAUDERDALE, FL 33315 | ECTORS   |                               |                                     | U000000779<br>01/14/08-800<br>NOT WRI<br>THIS SPA |   |  |
| NAML<br>STREET ADDRESS  |   |  |                               |                                     |   |   |  |

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 earli; that I am an officer or rifrector 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 attachinept with an address. With all other like empowered.

M/ Aug -

CITY-ST-ZIP
TITE
NAME
STRELT ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2008

954-433-0053

MARCIA TORDAN