2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J72457

1. Entity Name SONIC AVIATION, INC.

Principal Place of Business P.O. BOX 660656

Mailing Address P.O. BOX 660656 MIAMI SPRINGS, FL 33266

MIAMI SPRINGS, FL 33266

FILED Jan 22, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2812145

Applied For Not Applicable

5. Certificate of Status Desired 🔲

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOX, GEORGE E 150 SE 2ND AVE STE 900 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE		
B. 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 4 applicable (NOTE Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT PS GREEN, VERNON B. 1928 SUNSET DRIVE D 78 MIAMI BEACH, FL	CTORS			U00000000846 01/22/04-80007-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- mpm - ,	Source was the sentence of the	namenta transcon a quitable .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
title name street address city-s1-z1p				· · · · · · · · · · · · · · · · ·	
TIFLE NAME STREET ADORESS CITY-ST-ZIP	0				
12. I hereby andicated of the cor	certify that the information supplied with this fit to this report or supplemental report is true a regration or the recovered	ling does not quality for the exemend accurate and that my signatured to execute this report as require	ption state re shall hav d by Chap	d in Section 119.07(3)(re the same legal effecter 607, Florida Statute	 Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

and the state of t

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

SIGNATURE:

1/20/04 305-871-3701