


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L11950

1. Entity Name
AVIATION MANAGEMENT INTERNATIONAL INCORPORATED



Principal Place of Business Mailing Address

2545 NW 55 COURT 2545 NW 55 COURT
HANGER 26 HANGER 26
FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0146696

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOWARTH, KEVIN C.
2545 NW 55 COURT
HANGER 26
FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000125845
04/23/04-80009-024 150.00

10. OFFICERS AND DIRECTORS

TITLE: VP
NAME: HOWARTH, KEVIN C.
STREET ADDRESS: 2960 SALERNO WAY
CITY - ST - ZIP: DELRAY BEACH, FL 33445

TITLE: P
NAME: HUTSON, KENNETH J
STREET ADDRESS: 424 DEER CREEK PATH
CITY - ST - ZIP: DEERFIELD BEACH, FL 33442

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date: **4/17/04** Daytime Phone #: **954-351-7755**