2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				
DOCUMENT # L11950				FILED Jul 22, 2008 08:00 AM
AVIATION MANAGEMENT INTERNATIONAL INCORPORATED			Secretary of State	
Principal Place	of Business	Mailing Address		
2964 NW 60		2964 NW 60TH STREET		
FT. LAUDERD	ALE, FL 33309 US	FT. LAUDERDALE, FL 33309	US	
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_				07162008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For
•	•	•		65-0146696 Not Applicable
		•		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
	1.1/27/41/10	•	i .	
	H, KEVIN C. BOTH STREET		 -	DO NOT WRITE
	ERDALE, FL 33309		1	IN THIS SPACE
		•	}	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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
				ded to Fees
10.	OFFICERS AND D	DIRECTORS		
TITLE	VP '			Honnooctopt
NAME STREET ADDRESS	HOWARTH, KEVIN C VP 2960 SALERNO WAY		1	U00000955825 07/22/08-80008÷012 "550.00
CITY-ST-ZIP	DELRAY BEACH, FL 33445			711 See to 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	Р		1	•
NAME	HUTSON, KENNETH J PRES		ŧ	
STREET ADDRESS CITY-ST-ZIP	424 DEER CREEK PATH DEERFIELD BEACH, FL 33442			
TITLE	DEERFIELD BEACH, FL 33442		-}	•
NAME			.!	•
STREET ADDRESS			1	DO NOT WRITE
CITY-ST-ZIP			4	•
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12. I hereby certify that the information supplied with this filing does not quality 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 eath; 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 appowered.				
changed	, or on an attachment with an address, w	ith all other like empowered.		The state of the s

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

7-15-08 954-543-0400 Date Daytime Proces