2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90052 039 ***150.00

DOCUMENT # L83916

1. Entity Name
BROWARD AVIATION INC.

Principal Place of Business	Mailing Address
~~7421 S. ARPT RD.~~ ~~N. PERRY ARPT.~~ ~~PEMBROKE PINES FL 33023~~ ~~US~~	~~7421 S. ARPT RD.~~ ~~N. PERRY ARPT.~~ ~~PEMBROKE PINES FL 33023~~ ~~US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6 Fir Trail LN	6 Fir Trail Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl	City & State: Ocala Fl
Zip: 34472 Country: USA	Zip: 34472 Country: USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0204992 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SZATMARY, M.S., JR. 6415 SW 7ST PEMBROKE PINES FL 33023	Name: Szatmary, M. S. Jr. Street Address (P.O. Box Number is Not Acceptable): 6 Fir Trail LN. City: Ocala FL Zip Code: 34472

New address only

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] M. S. Szatmary Jr. 4/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	D SZATMARY, M.S., JR. 6415 SW 7TH PEMBROKE PINES FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Szatmary, M.S. Jr. ☒ Change ☐ Addition 6 Fir trail LN. Ocala, Fl. 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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] 4/4/07 352/680-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #