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

SZATMARY, M.S., JR.
6415 SW 7ST
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

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: M. S. Szatmary 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

TITLE	D ☒ Delete
NAME	SZATMARY, M.S., JR.
STREET ADDRESS	6415 SW 7TH
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SZATMARY, M.S. JR. ☒ Change ☐ Addition
NAME	6 FIR TRAIL LN.
STREET ADDRESS	OCALA, FL. 34472
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: M. S. Szatmary 4/4/07 352/680-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #