2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M26390

1. Entity Name
A.O.G. AVIATION CORPORATION

Principal Place of Business	Mailing Address
7868 NW 62 ST MIAMI, FL 33166 US	P.O. BOX 558601 MIAMI, FL 33255 US

DO NOT WRITE IN THIS SPACE

04302005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2637119	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, ALFREDO
7866 NW 62 ST.
MIAMI, FL 33166

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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 agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.	OFFICERS AND DIRECTORS		
TITLE	VSD		
NAME	SOTO, CARMEN R		
STREET ADDRESS	7868 NW 62ND ST.		
CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	PTD		
NAME	SOTO, ALFREDO C		
STREET ADDRESS	7868 NW 62 ST		
CITY-ST-ZIP	MIAMI, FL 33166		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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05/05/05-80023-020 150.00

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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: _Alfredo C. Sd_   04-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Alfredo C. Soto