

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90098 009 ***150.00

DOCUMENT # M45240

1. Entity Name
JGH AVIATION, INC.



Principal Place of Business
**601 SW 77TH WAY
NORTH PERRY AIRPORT
PEMBROKE PINES, FL 33023 US**

Mailing Address
**601 SW 77TH WAY
NORTH PERRY AIRPORT
PEMBROKE PINES, FL 33023 US**

50010968

2. Principal Place of Business
1620 SW 75TH AVE.

3. Mailing Address
1620 SW 75TH AVE.

Suite, Apt. #, etc.
North Perry Airport

Suite, Apt. #, etc.
North Perry Airport

04102006 Chg-P CR2E034 (11/05)

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
59-2761465

Applied For
Not Applicable

Zip
33023

Country
usa

Zip
33023

Country
usa

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

**HUFFMAN, GISELLE
1801 NW 93RD AVE
PEMBROKE PINES, FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

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	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, JOHN	
STREET ADDRESS	1801 NW 93RD AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, GISELLE	
STREET ADDRESS	1801 NW 93RD AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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]

[Signature]

4/10/2006

954-964-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #