2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N03000002882

Entity Name: SOUTH FLORIDA BUSINESS AVIATION ASSOCIATION,INC.

Current Principal Place of Business:

BOCA PALM PROFESSIONAL PLAZA
6971 N.FEDERAL HIGHWAY SUITE 105
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

BOCA PALM PROFESSIONAL PLAZA
6971 N. FEDERAL HIGHWAY SUITE 105
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 41-2099834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEWALD, STEVEN
BOCA PALM PROFESSIONAL PLAZA
6971 N. FEDERAL HIGHWAY SUITE 105
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOWD, ROBERT M
Address: 196 NE BLUEBERRY TERACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S ( ) Delete
Name: ROLLER, DONAID JR
Address: 7541 DOWNWINDS LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete
Name: MOTTA, RONALD
Address: 1281 OLYMPIC CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD MOTTA TRES 04/25/2005

Electronic Signature of Signing Officer or Director — Date