

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90085 003 \*\*\*150.00

DOCUMENT # **PD00000037364**

1. Entity Name

**JAL AVIATION INC.**



**DO NOT WRITE IN THIS SPACE**

**94053298**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**18677 Cape Sable Dr**

Suite, Apt. #, etc.

**Boca Raton, FL**

City & State

**Boca Raton, FL**

City & State

**33498**

4. FEI Number

**65-1000216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**LARRY C ROSENMAN C.P.A., P.A.**

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

**12340 St. Simon Drive**

City

**Boca Raton**

FL

**33428**

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IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Annabelle Hornyak  
18677 Cape Sable Drive  
Boca Raton, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
David Hornyak  
18677 Cape Sable Dr  
Boca Raton, FL 33498**

TITLE  
NAME  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)