
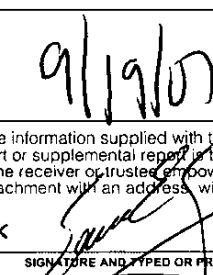


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050509 1. Entity Name UNISERV AVIATION, INC.						SECRET DIVISION OF CORPORATIONS 07 SEP 17 AM 9:58	
Principal Place of Business 1375 N.W. 97TH AVENUE BAY 6 MIAMI, FL 33172				Mailing Address 1375 N.W. 97TH AVENUE BAY 6 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GONZALEZ, SAUL 1375 N.W. 97TH AVENUE BAY 6 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-1014838			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				09102007 Chg-P CR2E034 (12/06)			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD GONZALEZ, SAUL 1375 N.W. 97TH AVENUE BAY 6 MIAMI, FL 33172				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 800109685508 09/20/07--01019--004 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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: X 				Date: 09/01/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305 5926225			