

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050815

Entity Name: AVIATION MASTERS INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

6500 NW 12TH AVENUE
118
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6500 NW 12TH AVENUE
118
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1015683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYMALAINEN, EINO
5205 BRISATA CIR. #A
BOYNTON BEACH, FL 33437 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KYMALAINEN, EINO
Address: 5205-A BRISATA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: KYMALAINEN, PASI
Address: 5205-A BRISATA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: TOIKKANEN, RAUNO
Address: 600 VIA LUGANO CIR #109
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DT () Delete
Name: GONZALEZ, EDGAR
Address: 9205 NW 55 ST
City-St-Zip: SUNRISE, FL 33351

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUNO TOIKKANEN

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01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date